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REPORT

ON THE

Health of the County
Borough of Belfast
for the Year 1950



S. BARRON, M.R.C.P.(I)., D.P.H.,
Medical Officer of Health



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SAMUEL BARRON, M.R.C.P.(I), D.P.H.
Medical Officer of Health

COUNTY BOROUGH OF BELFAST

Health Committee 1950

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COUNTY BOROUGH OF BELFAST—1950

Summary of Vital Statistics

Area (Census 1937) (Exclusive of 1,262 acres of tidal water)	15,289 acres.
Population ..	..	..	..	450,000 (estimate of Registrar-General for N.I., June, 1950)
Marriages ..	..	..	..	3,568
Marriage Rate ..	..	..	..	7.9
Births Registered ..	..	..	..	8,834 (4,583 males ; 4,251 females)
Birth Rate ..	..	..	..	19.6
Birth Rate average for the ten years 1941-1950				22.0
Illegitimate Births ..	..	..	..	277 (151 males ; 126 females)
Births (notified) ..	..	..	..	10,669
Still Births (included in total births notified)	..			308
Deaths ..	..	..	..	5,082 (2,533 males ; 2,549 females)
Death Rate ..	..	..	..	11.3
Death Rate average for the ten years 1941-1950				11.9
Deaths of infants under one year of age ..			..	431 (237 males ; 194 females)
Infant Mortality Rate ..			..	49 deaths per 1,000 births
Average for the ten years 1941-1950 ..			..	74 deaths per 1,000 births.
Neo-natal Deaths (under one month) ..			..	224
Neo-natal Death Rate ..			..	25.3 per 1,000 births.
Average for the ten years 1941-1950 ..			..	34.7 per 1,000 births.
Maternal Deaths ..	..	..	..	6
Death Rate ..	..	..	..	0.68 per 1,000 births registered.
Deaths from Communicable Diseases listed in Table ..	..	..	..	112
Death Rate from these Diseases..			..	0.2
Deaths from Measles ..	..	..	..	5
Deaths from Typhoid Fever ..	..		..	1
Deaths from Scarlet Fever ..	..		..	2
Deaths from Whooping Cough ..	..		..	16
Deaths from Diphtheria ..	..	..	..	3
Deaths from Diarrhoea and Enteritis (under two years of age) ..	..	..	..	37
Deaths from Dysentery ..	..		..	Nil
Deaths from Influenza ..	..	..	..	32
Deaths from Tuberculosis of the Respiratory System ..	..	..	..	225
Death Rate from Tuberculosis of the Respiratory System ..	..	..	..	0.5
Deaths from Bronchitis ..	..		..	240
Deaths from Pneumonia ..	..		..	279

To

The Right Honourable The Lord Mayor and the Aldermen and Councillors of the Belfast County Borough Council, acting as the Belfast County Borough Health Authority.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit the Annual Report upon the state of the public health of Belfast for the year 1950. The report is presented in various sections dealing with Vital Statistics ; Epidemiology ; Environmental Health Services ; Port Sanitary work ; Maternity Medical and Midwifery services ; Infant and Child Health ; Home Nursing and Domiciliary Services and School Health Services.

The figures dealing with vital statistics indicate that the health of the City was satisfactory. The improvement in the Death Rate, Infantile Mortality, Maternal Mortality and Zymotic Rates during the past 4 or 5 years has been maintained and some new low records have been established in 1950 :—thus the maternal mortality of 6 deaths due to childbirth was the lowest recorded rate for the City viz. .68 per 1,000 live births. The Tuberculosis Death Rate was also the lowest on record.

The incidence of the infectious diseases was comparatively low, but in the last two weeks of the year a severe epidemic of Influenza occurred. This outbreak had a sudden onset about the middle of December and many persons became infected, the epidemic continuing until the beginning of February, 1951. There were many deaths from Pneumonia or other complications of Influenza, chiefly among the older people ; fortunately treatment with the new chemo-therapeutic drugs and anti-biotic substances saved a good many lives. The outbreak was too late in its onset to affect adversely the general death rate for 1950, but it will show in an increased death rate for 1951.

The only other disturbing feature in connection with infectious disease was the increased number of cases of poliomyelitis. The features of this outbreak are commented upon in the section of the report dealing with epidemiology.

The outbreak of Smallpox in Glasgow in April, 1950, caused anxiety, as daily sea and air passenger traffic with Belfast is considerable. During the period of risk the Ministry of Health and Local Government for Northern Ireland made an Order requiring the compulsory notification of Chicken Pox. All the notified cases were visited and examined by Medical Officers and the diagnosis verified, thus minimising the possibility of Small Pox being mistaken for Chicken Pox, as the clinical features of both diseases have much in common. During the Glasgow outbreak there was a greatly increased demand for vaccination in Belfast. Fortunately the disease did not occur in the City. Active surveillance of contacts of cases of Small Pox “imported” into Great Britain from abroad was exercised as in former years.

The number of deaths from Tuberculosis of the Respiratory tract—225—is the lowest annual figure recorded, giving the lowest rate of .5 per 1,000 of the population.

The 44 deaths from other forms of Tuberculosis show an improvement in the mortality rate of previous years. There is no information as to the number of these deaths which were due to infection from bovine sources. Determination of the extent of bovine infection is difficult and typing of the tubercle bacilli is a highly specialised procedure. There is sound reason for stating that the decline in the number of deaths from Tuberculosis of bovine origin is largely attributable to the increase in the use of efficiently pasteurised milk ; in this connection it is gratifying to observe that the Ministry of Agriculture has introduced legislation to provide that milk for sale for human consumption (other than Grade A) must be efficiently heat treated.

The conquest of Tuberculosis is largely dependent upon the application of all measures known to be concerned in preventing the spread of infection. Early ascertainment of cases by Mass Radiography ; supervision of contacts ; treatment allowances and measures to improve nutrition and increase resistance against infection, including B.C.G. vaccination, are all important. I make no excuse for

returning to the importance of unsatisfactory home and housing conditions as a potent factor in the spread of the disease, and I suggest that satisfactory housing accommodation should be provided for all Tuberculous families. In the allocation of new houses priority should be given to families in which there is one or more infective cases of tuberculosis and whose home circumstances are unsatisfactory.

In the Epidemiology section reference is made to the decreased incidence of Diphtheria owing to immunisation of children against this disease.

Supervision of Food and Food Premises

The deliberate adulteration of food has become uncommon and less attention is required in the sampling of such articles of food as milk, under the provisions of the Sale of Food and Drugs Acts.

Much attention is necessary to ensure a satisfactory standard of cleanliness of food premises, utensils and equipment, as well as the methods of handling in the preparation and sale of food. In most instances the conditions at Food Factories, Bakeries and Catering Establishments are satisfactory, but in some of the smaller concerns conditions are far from ideal; the premises, food, methods of handling and cleanliness of persons employed require the frequent attention of food inspectors.

During the past three years there has been a gradual improvement in the cleanliness of Ice-Cream. Three years ago a large percentage of the samples taken for bacteriological examination was found to be unsatisfactory. During 1950 it was comparatively rare to find samples below the bacteriological standard laid down in the Regulations. There has also been a marked improvement in the conditions under which Ice Cream is manufactured and sold, although some traders still require frequent supervision.

During the year the registration of Fish Frying establishments became compulsory under the provisions of the Belfast Corporation (General Purposes) Act (N.I.) 1948. A large number of the premises in use by Fish Fryers did not comply with the Bye-Laws made under the Act, but, as a result of negotiation with representatives of those engaged in this business, it was decided to allow sufficient time for the necessary structural alterations of premises before commencing the enforcement of registration requirements.

Training in Food Hygiene

At the Belfast College of Technology, classes were arranged for instruction of food handlers in the various aspects of Food Hygiene. A large number of persons employed in the various food trades attended the evening classes; most of them completed attendance at the courses and some were successful in obtaining the Certificate of The Royal Institute of Public Health and Hygiene by examination. In this connection it is worth recording that some of the Catering Establishments and a large Bakery firm showed a very keen interest in this training scheme and encouraged their employees to attend the classes. Their example could well be followed by other food traders at subsequent courses of instruction.

Much use was made of the exhibition of posters and other methods of propaganda dealing with the hygiene of food. The N.I. Region of the British Broadcasting Corporation arranged the broadcast of a feature entitled "Eating Dirt" which stimulated great interest in the subject of food hygiene.

Health Education

This has become an important feature of public health work. During the year good progress has been made in formulating schemes for the extension of health education. There was a good demand for lectures on health subjects and much interest was shown by youth organisations and other groups. The demand for films, posters, booklets and health exhibits was encouraging. Now that we have a full-time Health Education Officer on our staff we can expect a rapid expansion of our health education and propaganda work.

School Health Services

The report of this section of our health services indicates that the general health and physique of schoolchildren were satisfactory, but attention is drawn to the shortage of School Dental Officers and consequently the inadequate amount

of conservative dental treatment undertaken. The Health Committee had this difficulty under consideration on several occasions during the year. In an endeavour to meet the situation, representations were made to the N.I. General Health Services Board suggesting that dentists who undertake general dental services under the Health Services Act should be required to undertake the dental treatment of children as part of their contract with the Board. It was found that there were legal obstacles in the way of implementing this suggestion, and the difficulty of obtaining adequate dental treatment for children by this means has not been overcome. It was also suggested that the problem might be solved by the training and employment of Dental Auxiliaries on the lines of the scheme in operation in New Zealand. This suggestion has been under active consideration in Great Britain, but no decision has been reached on it. With the dearth of qualified dentists and the difficulty of attracting them for appointment in our school dental services, it is difficult to see how children are going to receive adequate dental care unless dental nurses or some kind of ancillary dental staff are trained to help the dental profession to provide it.

The testing of eyesight and the supply of spectacles to children under the Supplementary Eye Services provided by the N.I. Hospitals Authority has not been satisfactory. It is hoped that a more efficient scheme will be evolved whereby the refraction work and the supply of spectacles will be undertaken at our School Health Clinics.

The Health Committee readily agreed to co-operate with the Child Health Department of the Royal Belfast Hospital for Sick Children in carrying out a survey and investigation to determine the rate of growth, weight and certain measurements of schoolchildren in attendance at Belfast schools.

The sharing of the services of two Child Health Medical Officers between the Health Committee's Child Health Services and the Royal Belfast Hospital for Sick Children has been of considerable benefit as this arrangement facilitates easy access to the Hospitals specialist services, for children found at our medical inspections to require special investigation and treatment. The holding of a special consultation clinic on Monday evenings at the Children's Hospital is greatly appreciated by our Medical Officers. These officers are encouraged to attend the clinic and to take part in the consultation on the cases of children referred to the Hospital by the Medical Officers.

Most of our School Medical Officers are now qualified for the ascertainment of educationally sub-normal children.

Child Welfare

The Infant Mortality rate of 49 is the second lowest recorded for the City, the lowest being 45, the rate for the year 1948. It is interesting to note that the rate has fallen by almost one-half in the last ten years, and reflects the progress that has been made in the care and welfare of infants during that time. Deaths from gastro-enteritis, pneumonia and bronchitis constitute a considerable percentage of the mortality. These diseases tend to be associated in infancy with poor living conditions and there is no doubt that the overcrowded conditions in many parts of the City add considerably to their incidence, especially in our variable climate. Under such conditions, with poor facilities for infant hygiene, the maintenance of breast feeding becomes of primary importance, providing a bulwark against the risk of infection from inadequately sterilized feeding utensils and improperly stored infant food, and much of the effort of the Health Visitors is directed towards this end.

Although there is some improvement in the number of mothers taking advantage of the Welfare Foods—Cod Liver Oil and Orange Juice made available by the Ministry of Food for children under 5 years of age—there is still a large number of mothers who will not take the trouble to collect these preparations, which are so important in the health and nutrition of their children.

The Child Welfare Centres continue to be well attended and twenty-seven sessions are now held weekly in some twenty centres throughout the City. New housing estates in several districts will however necessitate the establishment of additional centres in the near future. The ante-natal centres continue to provide excellent facilities for education in health matters and talks on mothercraft have been given by the Health Visitors to groups of mothers throughout the year. The

Home Help Scheme continues to extend and there has been some improvement in the recruitment position, a greater number of suitable applicants coming forward. By arrangement with the Northern Ireland Tuberculosis Authority it has been possible to extend the provision to tuberculosis households, and a special panel of Home Helps is being recruited for the purpose. Excellent reports continue to be received of the assistance the scheme is able to bring to stricken households.

Health Visiting

In addition to her usual duties in the giving of advice and instruction to mothers in the care of their babies and young children, the work and responsibilities of the Health Visitor have now extended to other members of the family, especially to those who are sick and who may require one or more of the domiciliary services provided by the Health Committee, such as Home Nursing, Home Helps, After-Care Services, etc. It is the duty of the Health Visitor to assess the needs of the family and give advice and information as to how the needs may be met.

Home Nursing

During the year the demand for the services of Home Nurses continued to increase and at times, especially during the Influenza epidemic, the staff of Home Nurses found it difficult to meet requirements. The Health Committee has agreed to convert some of the buildings previously in use as poor law dispensary premises for use as District Nurses' homes. This will enable the nurses to be located more conveniently to their districts and will save time in travelling.

Domestic Help

The demand for Home Helps continued to increase and a larger number was recruited. The extension of the scheme to provide assistance in all homes in which it is required cannot be undertaken under existing conditions of lack of office accommodation for administrative staff.

Housing

The annual review of health conditions would not be complete if reference was not made to housing which remains one of our major health problems and is still a matter of grave public concern.

Whilst the Corporation, through its Estates and Housing Committees, has provided a large number of houses, I fear that there is a long way to go before the urgent requirements for housing accommodation are satisfied. Even when the demands for new houses are met, it will be necessary to replace a large number of old houses, Nissen huts and temporary structures which have become so outworn and dilapidated that they are unfit for human habitation. These unfit houses should be demolished if other houses were available for the displaced tenants.

The maintenance of satisfactory conditions of repair of older houses is also a pressing problem, and the reconditioning of properties which are capable of being made "fit" is beset with difficulty. I hesitate to refer to the effect of rent restrictions on properties with which we have to deal, but we cannot ignore this factor if further deterioration of the condition of these properties is to be prevented. I realise that there are difficulties in the way of adjusting rents of unecomonic properties, but I am convinced that it is possible to formulate a scheme that will be in the interests of both the owner and the tenant.

I have, in previous reports, referred to the lack of open spaces and the scarcity of suitable building sites for new housing within the City area. From the health point of view, I deplore the congestion of dwelling houses on unsuitable ground and the encroachment upon ground which should be reserved for parks, playing fields, children's play centres and open spaces. If Belfast is prevented from securing proper space for housing by extension of the City area, it would seem only reasonable that responsibility for the provision of houses for those who need them should be placed on other shoulders.

Other sections of the Annual Report do not require further comment from me. In conclusion, I should like to express my thanks to and record my appreciation of the interest, sympathetic consideration and kind help of the Chairman and Members of your Health Committee, and the willing co-operation of the Heads and staffs of the other Corporation Departments. To the members of the staff of the Health Department, I tender my appreciative thanks for their loyal support and devotion to duty at all times. I gratefully acknowledge the ready co-operation that is so freely given by the General Manager and Staff of the Belfast Harbour Commissioners, the Immigration Officer and the staff of H.M. Customs. I have also to thank the Masters and personnel of the ships and the Shipping Agents with whom we have to deal in the course of our port duties.

I have the honour to be, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

S. BARRON,
Medical Officer of Health,
Port Medical Officer,
Medical Inspector of Aliens.

TABLE I.
BELFAST COUNTY BOROUGH

CAUSES OF DEATH AT DIFFERENT AGE PERIODS, 1950

Abbre- viated List Nos.	CAUSES OF DEATH	Total Deaths	MALES								FEMALES															
			All Ages	Aged							All Ages	Aged														
				Under 1 mth.	1-6 mths.	6-12 mths.	Total under 1 year	1-4	5-14	15-24		25-44	45-64	65-74	75 and over	Under 1 mth.	1-6 mths.	6-12 mths.	Total under 1 year	1-4	5-14	15-24	25-44	45-64	65-74	75 and over
	All Causes..	5,082	2,533	128	80	29	237	44	36	35	203	728	638	612	2,549	96	75	23	194	31	28	42	187	543	647	877
B1	Tuberculosis of Respiratory System	225	127	..	..	..	..	1	1	8	44	54	15	4	98	..	..	1	1	..	..	15	43	24	13	2
B2	Tuberculosis, other Forms	44	25	..	..	..	..	10	4	1	3	4	1	2	19	..	..	2	2	..	..	3	2	1	2	..
B3	Syphilis and its sequelae	30	19	..	1	..	1	..	..	..	4	7	5	2	11	..	1	..	..	1	..	..	6	1	..	1
B4	Typhoid Fever	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
B5	Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B6	Dysentery, all Forms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B7	Scarlet Fever and streptococcal sore throat	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	..	..	..
B8	Diphtheria	3	1	..	..	..	..	1	..	..	..	..	..	..	10	..	..	..	..	..	1	..	..	..	..	..
B9	Whooping Cough	16	6	..	..	2	2	4	..	..	..	..	..	..	2	..	3	4	7	3	1	..	..	..	..	..
B10	Meningococcal Infections	5	2	..	2	..	2	..	..	..	..	..	..	..	3	..	..	1	1	..	1	..	..	..	..	..
B11	Plague	..	..	..	..	1	1	3	..	1	1	..	..	..	..	..	2	1	1	..	1	..	..	..	..	..
B12	Acute Poliomyelitis	11	6	..	..	..	..	1	..	..	..	..	..	..	5	..	2	..	..	..	1	..	..	..	..	..
B13	Smallpox	..	..	..	..	..	..	1	..	..	..	..	..	..	3	..	..	..	1	2	..	..	..	..	..	..
B14	Measles	5	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B15	Typhus and other Rickettsial diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B16	Malaria	..	..	..	..	..	1	..	..	..	2	1	..	..	6	..	..	..	..	..	1	..	..	..	..	1
B17	Other Infectious and Parasitic Diseases	12	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B18	Malignant Neoplasms, including neoplasms of lymphatic and haematopoietic tissues	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B19	(a) Cancer	717	346	..	..	..	..	1	2	1	32	142	115	53	371	..	..	..	..	1	1	5	35	150	109	70
B20	(b) Hodgkins disease and Leukaemia	26	13	..	..	..	1	..	2	..	4	3	3	1	13	..	..	..	..	1	2	1	4	3	2	..
B21	Benign and unspecified neoplasms	24	12	..	1	..	1	..	..	..	2	4	2	3	12	..	..	..	..	..	1	1	5	1	1	1
B22	Diabetes Mellitus	27	10	..	..	..	..	..	..	..	1	7	1	2	17	1	..	..	1	..	..	..	1	4	4	7
B23	Anaemias	23	5	..	..	..	..	..	..	..	..	2	2	..	18	..	..	..	..	..	..	..	..	7	6	5
B24	Vascular Lesions affecting Central Nervous System	583	249	..	..	1	..	1	1	1	8	58	88	94	334	..	..	..	..	..	2	7	75	107	143	
B25	Nonmeningococcal Meningitis	6	4	..	..	1	1	1	..	..	1	1	1	..	2	1	..	..	1	1	..	..	1	..	..	..
B26	Rheumatic Fever	17	6	..	..	..	..	..	1	1	2	1	..	1	11	..	..	..	..	..	1	..	2	..	..	..
B27	Chronic Rheumatic Heart Disease	78	29	..	..	..	..	..	3	5	8	9	..	4	49	..	..	..	..	..	3	5	17	13	7	4
B28	Arteriosclerotic and Degenerative Heart Disease	1,113	589	..	..	..	..	1	..	..	19	182	198	190	524	..	..	..	..	..	..	..	11	77	167	269
B29	Other Diseases of Heart	141	61	..	..	..	..	..	..	..	2	16	25	17	80	..	..	..	..	..	..	1	3	14	31	31
B30	Hypertension with Heart Disease	168	63	..	..	..	..	..	..	..	1	17	19	26	105	..	..	..	..	..	..	..	1	24	37	43
B31	Hypertension without Heart Disease	28	15	..	..	..	..	..	..	..	2	9	4	..	13	..	..	..	..	..	..	..	..	..	..	5

TABLE I. continued.

Abbre- viated List Nos.	CAUSES OF DEATH	Total Deaths	MALES										FEMALES																
			All Ages	Aged								Total under 1 year	Under 1 mth.	1-6 mths.	6-12 mths.	All Ages	Aged								Total under 1 year	Under 1 mth.	1-6 mths.	6-12 mths.	All Ages
				1-4	5-14	15-24	25-44	45-64	65-74	75 and over	1-4						5-14	15-24	25-44	45-64	65-74	75 and over							
B30	Influenza ..	32	14	..	34	10	44	7	3	..	3	5	3	6	1	..	5	2	1	1	38	5	..	8					
B31	Pneumonia ..	279	144	..	4	1	5	..	..	..	6	19	28	40	..	..	..	..	..	..	1	1	..	44
B32	Bronchitis..	240	132	..	..	..	..	..	..	..	55	6	7	38	..	..	..	..	..	..	1	1	..	53
B33	Ulcer of Stomach and Duodenum ..	31	18	..	..	..	..	..	..	..	2	6	1	3	..	..	..	..	..	..	..	..	..	3
B34	Appendicitis ..	8	5	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
B35	Intestinal Obstruction and Hernia ..	34	21	1	3	1	5	1	1	1	6	3	3	3	..	..	..	..	..	..	..	..	..	7
B36	Gastritis, Duodenitis, Enteritis and Colitis, except Diarrhoea of the new-born ..	61	22	..	12	3	15	2	..	1	1	1	1	1	..	..	..	..	..	..	19	2	..	5
B37	Cirrhosis of Liver ..	10	6	..	..	..	1	..	..	..	3	1	1	1	..	..	..	..	..	..	..	1	..	3
B38	Nephritis and Nephrosis ..	69	30	..	..	..	..	1	1	..	5	9	5	9	..	..	..	..	..	..	..	1	..	16
B39	Hyperplasia of Prostate ..	40	40	..	..	..	..	..	..	..	3	13	24	..	..	..	..	..	..	..	..	..	..	..
B40	Complications of Pregnancy, Childbirth and the Puerperium ..	6	..	..	7	3	..	1	4	2	2	3	..	2	..	..	..	..	..	..	..	..	..	..
B41	Congenital Malformations ..	62	39	14	..	..	24	..	..	..	..	..	..	..	6	23	14	..	..	..	21	1	..	..			
B42	Birth Injury, Postnatal Asphyxia and Atelec- tasis ..	33	22	22	..	..	22	..	..	..	..	..	..	..	11	11	17	..	..	..	11	..	..	..		
B43	(a) With Prematurity ..	43	25	24	1	..	25	..	..	..	..	..	..	..	18	18	..	..	..	..	18	..	..	..		
	(b) Without Prematurity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	..	..	..	1	..	..	..		
B44	(a) With Prematurity ..	3	2	2	..	..	2	..	..	..	..	..	..	..	4	4	..	..	..	..	4	..	..	..		
	(b) Without Prematurity ..	13	9	9	..	..	9	..	..	..	..	..	..	..	1	1	4	..	..	..	1	..	..	..		
B45	Other Diseases peculiar to Early Infancy ..	71	38	35	3	..	38	..	..	..	..	..	..	..	33	33	6	..	..	..	33	..	..	..		
	(a) With Prematurity ..	24	17	14	2	1	17	..	..	..	..	..	..	..	7	7	..	..	..	..	7	..	..	..		
B46	(b) Without Prematurity ..	117	43	2	1	..	3	..	..	..	1	3	8	28	..	..	..	..	..	..	2	..	..	58
	Senility without mention of Psychosis, Ill- defined and Unknown Causes ..	443	213	2	6	4	12	4	5	5	22	73	44	48	230	230	5	4	1	1	14	..	..	11			
BE47	All Other Causes ..	36	27	..	..	..	..	4	5	1	3	6	4	4	9	9	..	..	..	..	6	..	..	77
BE48	Motor Vehicle Accidents ..	97	52	2	3	..	5	1	4	3	13	8	8	5	45	45	2	3	2	2	..	..	..	3		
BE49	All Other Accidents ..	24	18	..	..	..	..	..	..	2	7	6	3	..	6	6	..	..	..	..	..	..	..	19
BE50	Suicide ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	Homicide and Operations of War ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
—	Gastro-Enteritis and Colitis of Children under two years of age (included in B36 and B43) ..	37	16	..	12	3	15	1	..	..	..	..	..	..	21	21	1	4	..	..	20	2	1	..
—	Pneumonia (included in B31 and B43) ..	293	154	10	34	10	54	7	3	..	3	19	28	40	139	139	4	33	5	5	42	5	5	44					

TABLE II

The principal causes of deaths (in order of importance) were as follows:—

1. Heart Disease	..	..	..	..	..	1,500
2. Cancer ..	..	..	..	..	..	717
3. Vascular Lesions affecting the Central Nervous System					..	583
4. Pneumonia	..	..	..	..	..	293
5. Bronchitis	..	..	..	..	..	240
6. Pulmonary Tuberculosis	..	..	..	..	..	225
7. Violent or Accidental Deaths ..		..	..	..	..	158
8. Senility and Ill-defined and Unknown Causes				..	..	117

TABLE III

Trend of mortality from four principal causes of death in Belfast from 1941 :—

YEAR	Heart Disease	Cancer	Pulmonary Tuber- culosis	Bronchitis Influenza and Pneumonia
1941	1,277	570	426	773
1942	995	633	369	564
1943	1,116	613	367	705
1944	1,098	620	354	544
1945	1,130	664	326	533
1946	1,302	682	343	692
1947	1,482	662	281	618
1948	1,281	696	269	438
1949	1,407	699	280	536
1950	1,500	717	225	565

TABLE IV

Showing the number of deaths at various age periods and the percentage of the total number registered.

Age Group (Years)	Number of Deaths			Percentage of Total Deaths
	Male	Female	Total	
0-4	281	225	506	9.95
5-14	36	28	64	1.26
15-24	35	42	77	1.51
25-44	203	187	390	7.67
45-64	728	543	1,271	25.0
65-74	638	647	1,285	25.28
75 and over	612	877	1,489	29.3

TABLE V

Showing the number of Deaths registered as having been caused by Phthisis and Certain Diseases of the Respiratory Organs during the twenty years, 1931-1950

YEAR		Population	Phthisis	Rate per 1,000	Bronchitis Influenza Pneumonia	Rate per 1,000
1931	..	415,151	452	1.1	986	2.37
1932	..	415,151	448	1.1	939	2.26
1933	..	415,151	429	1.0	1,223	3.0
1934	..	415,151	398	0.96	773	1.86
1935	..	415,151	389	0.93	938	2.26
1936	..	436,000	406	0.93	770	1.77
1937	..	438,112	414	0.95	1,013	2.31
1938	..	443,500	348	0.78	748	1.69
1939	..	443,500	365	0.82	630	1.42
1940	..	444,500	412	0.93	1,001	2.25
1941	..	444,500	426	0.96	773	1.74
1942	..	444,500	369	0.83	564	1.27
1943	..	425,000	367	0.86	705	1.66
1944	..	430,800	354	0.82	544	1.26
1945	..	435,900	326	0.75	533	1.22
1946	..	444,687	343	0.77	692	1.55
1947	..	450,000	281	0.62	618	1.37
1948	..	455,020	269	0.59	438	0.96
1949	..	454,340	280	0.61	536	1.18
1950	..	450,000	225	0.5	565	1.26

TABLE VI

Comparative Statistics for Counties and County Boroughs, 1950.

Counties and County Boroughs	Rate per 1,000 Population		Rate per 1,000 Live Births	
	Births	Deaths	Infant Mortality	Maternal Mortality
Belfast County Borough ..	19.6	11.3	49	0.68
Londonderry County Borough	27.1	11.2	46	0.74
Leeds County Borough ..	15.9	12.3	31	0.62
Sheffield County Borough ..	14.3	11.4	28	0.53
Edinburgh County Borough ..	15.7	12.6	29	0.6
Cardiff County Borough ..	18.0	12.3	27	0.66
Liverpool County Borough ..	20.1	11.6	37	0.42
Sunderland County Borough..	19.3	12.6	45	0.28
Cork County Borough ..	21.4	13.8	50	0.5
Dublin County Borough ..	23.7	11.0	48	0.8
Bristol County Borough ..	16.0	11.5	23	0.96
Antrim County	20.9	11.3	35	1.26
Armagh County	21.3	12.3	41	1.23
Down County	19.7	11.5	35	1.28
Fermanagh County ..	21.2	11.9	37	1.75
Londonderry County ..	23.5	11.5	34	0.41
Tyrone County	23.8	12.5	36	2.23

TABLE VII
Showing the number of deaths from certain communicable Diseases during the ten years 1941-1950.

YEAR	Typhoid Fever	Scarlet Fever	Diphtheria	Puerperal Fever	Cerebro- Spinal Fever	Polio-myelitis	Measles	Influenza	Diarrhoea	Dysentery	Whooping Cough
1941	—	2	56	3	20	2	—	88	202	—	19
1942	—	—	15	6	13	2	17	18	182	—	9
1943	4	3	10	11	5	3	11	50	310	—	40
1944	—	2	11	4	3	—	1	21	202	1	22
1945	1	2	7	5	2	4	10	16	188	1	26
1946	—	2	2	3	2	3	5	54	127	—	31
1947	7	—	3	1	—	4	42	27	123	1	35
1948	1	—	4	—	—	—	9	10	77	1	15
1949	1	—	6	—	—	—	3	29	109	2	9
1950	1	2	3	—	5	11	5	32	37*	—	16

* Under two years of age.

TABLE VIII
Showing the population, the number of Births, the Birth Rate per 1,000, the number of Deaths, the Death Rate per 1,000, and the natural increase during the twenty years, 1931-1950.

Year	Population	No. of Births	Birth Rate per 1,000	No. of Deaths	Death Rate per 1,000	Natural Increase
1931	415,151	9,470	22.8	5,857	14.1	3,613
1932	415,151	8,882	21.4	5,783	13.9	3,099
1933	415,151	8,599	20.7	6,318	15.2	2,281
1934	415,151	9,086	21.9	5,676	13.7	3,410
1935	415,151	8,848	21.3	6,238	15.0	2,610
1936	436,000	9,242	21.2	6,207	14.2	3,035
1937	438,112	9,150	20.9	6,341	14.5	2,809
1938	443,500	9,146	20.6	6,069	13.7	3,077
1939	443,500	8,966	20.2	5,758	12.9	3,208
1940	444,500	8,704	19.6	6,583	14.8	2,121
1941	444,500	8,383	18.9	6,641	14.9	1,742
1942	444,500	9,659	21.7	4,973	11.2	4,686
1943	425,000	10,713	25.2	5,511	13.0	5,202
1944	430,800	10,456	24.3	5,176	12.0	5,280
1945	435,900	9,853	22.6	5,069	11.6	4,784
1946	444,687	10,327	23.2	5,326	11.9	5,001
1947	450,000	10,505	23.3	5,289	11.7	5,216
1948	455,020	9,744	21.41	4,684	10.3	5,060
1949	454,340	9,185	20.2	5,226	11.5	3,959
1950	450,000	8,834	19.6	5,082	11.3	3,752

TABLE IX
Deaths from Cancer by Sex and Site, 1950

Detailed List Nos.	SITES					Males	Females
	<i>Buccal Cavity and Pharynx</i>						
140	Lip .. .. .	..	..	..	..	—	1
141	Tongue .. .. .	..	..	..	..	6	—
142	Salivary Gland .. .. .	..	..	..	..	1	—
143-144	Mouth .. .. .	..	..	..	..	4	2
145-148	Pharynx .. .. .	..	..	..	..	2	5
	<i>Digestive Organs and Peritoneum</i>						
150	Oesophagus .. .. .	..	..	..	..	14	7
151	Stomach .. .. .	..	..	..	..	68	61
152-153	Intestines .. .. .	..	..	..	..	38	47
154	Rectum .. .. .	..	..	..	..	24	28
155-156	Biliary Passages and Liver .. .. .	..	..	..	..	14	12
157	Pancreas .. .. .	..	..	..	..	19	8
158	Peritoneum .. .. .	..	..	..	..	3	3
159	Other Digestive Organs .. .. .	..	..	..	..	—	—
	<i>Respiratory System</i>						
160	Nose, Nasal Cavities, etc. .. .. .	..	..	..	..	—	1
161	Larynx .. .. .	..	..	..	..	7	3
162-163	Trachea, Bronchus and Lungs .. .. .	..	..	..	..	70	18
164	Mediastinum .. .. .	..	..	..	..	2	4
	<i>Breast and Genito-Urinary Organs</i>						
170	Breast .. .. .	..	..	..	..	1	68
171-174	Uterus .. .. .	..	..	..	..	—	45
175	Ovary, Fallopian tube and Broad Ligament .. .. .	..	..	..	..	—	18
176	Other Female Genital Organs .. .. .	..	..	..	..	—	—
177	Prostate .. .. .	..	..	..	..	17	—
178	Testis .. .. .	..	..	..	..	4	—
179	Other Male Genital Organs .. .. .	..	..	..	..	1	—
180	Kidney .. .. .	..	..	..	..	2	7
181	Bladder and Other Urinary Organs .. .. .	..	..	..	..	13	5
	<i>Other and Unspecified Sites</i>						
190-191	Skin .. .. .	..	..	..	..	2	1
192	Eye .. .. .	..	..	..	..	—	3
193	Brain and other parts of the Nervous System .. .. .	..	..	..	..	4	4
194	Thyroid Gland .. .. .	..	..	..	..	1	—
195	Other Endocrine Glands .. .. .	..	..	..	..	—	—
196	Bone .. .. .	..	..	..	..	8	6
197	Connective Tissue .. .. .	..	..	..	..	1	—
198-199	Other Sites .. .. .	..	..	..	..	12	13
200-202 } 203-205 }	Neoplasms of Lymphatic and Haematopoietic Tissues .. .. .	..	..	..	..	8	1
	TOTAL					346	371

REPORT OF THE SENIOR MEDICAL OFFICER, ENVIRONMENTAL HEALTH DIVISION, ON COMMUNICABLE DISEASES, 1950

SCARLET FEVER

The epidemic of 1949 continued into the early months of 1950. The disease remained mild in character and many cases were successfully nursed at home. This was not only to the advantage of the patient but also relieved the pressure on hospital accommodation.

MEASLES AND WHOOPING COUGH

A small epidemic of both these diseases occurred. Health Visitors visit these cases after the first week of illness to advise on convalescence. In some cases the onset of complications was detected early and brought to the notice of the family doctor. Without doubt, this contributed to the low death rate from these diseases.

DIPHTHERIA

The number of cases was half that of the previous year which was itself a record low incidence. One unsatisfactory aspect is that the disease shows an increased severity in children who are not immunised. This resulted in three deaths of non-immunised children. The solution here is obvious—parents must, in all fairness to their children, have them immunised.

POLIOMYELITIS

The outbreak during the early summer was the largest experienced in Belfast, yet it was not as intensive as in many other areas in Northern Ireland or Great Britain and subsided rapidly in September, some weeks before the cross-channel outbreak. This year the disease attacked chiefly very young children. This suggests an increasing degree of immunity in older children and adults. This is a hopeful feature, in that, if future epidemics occur, greater attention can be given to the health and environment of young children and thus avoid or reduce the serious effects of the paralysis.

FOOD POISONING

Only one large outbreak of 45 cases occurred. This was in an institution where duck eggs were found to be the source of infection. A few isolated cases were also notified. In all of these the notification was made too late for the source of infection to be detected, but spread of the disease was successfully prevented in spite of the fact that many of the cases occurred in the homes of food-handlers.

The organism isolated was, in all cases, salmonella typhi murium.

PORT HEALTH

The outbreak of Smallpox in Glasgow during the Easter holiday period required greatly increased surveillance of the cross-channel steamers. The personnel of the Glasgow steamers and many of the travelling public were vaccinated. There was no further spread of the disease.

Belfast is now becoming, more frequently, the first port of call of ships coming from foreign ports. Many of these ships are coming from infected areas and require medical inspection by the Port Medical Officer in addition to the routine supervision of the Port Sanitary Officers.

DISINFESTATION

It is gratifying to note that there is an increased use of the facilities provided by the disinfection and disinfestation centre. In addition to cases referred by the School Services and by the various Charitable Organisations, many are now sent by general practitioners, hospitals and welfare authorities.

There is an increased number of elderly patients sent for delousing before admission to Hospital or Welfare Hostel. This has resulted in some practical difficulty, in that, many of the cases are not able to enter a bath. A wash-down or shower arrangement is urgently required. In addition to the treatment of the patient, the Sanitary Inspector endeavours to see that the house is cleansed, following which the mobile unit sprays the house with D.D.T. and removes the bedding for steam disinfection.

W. J. McLEOD, M.D., D.P.H., Ph.C.,
Senior Medical Officer, Environmental Health Division.

TABLE X

Showing by age periods and sexes the number of cases of certain communicable Diseases notified, pursuant to the Infectious Disease (Notification) Act, 1889.

DISEASE	Under 1 Year		1 Year and under 2 Years		2 Years and under 5 Years		5 Years and under 10 Years		10 Years and under 15 Years		15 Years and under 25 Years		25 Years and under 45 Years		45 Years and upwards		Age unknown		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Typhoid Fever	..	..	..	..	..	1	..	..	..	..	1	..	2	..	1	..	..	..	5
Scarlet Fever	..	4	22	30	252	221	355	381	97	161	49	52	15	20	2	1	..	..	1,668
Puerperal Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	3	4
Diphtheria	..	..	2	..	7	8	6	11	5	3	1	2	1	5	1	..	..	..	45
Erysipelas	..	..	..	..	..	..	..	..	..	2	2	..	4	5	16	21	17	15	82
Cerebro-Spinal Meningitis	5	2	3	3	3	1	1	1	..	1	..	1	..	..	..	1	..	..	22
Polio-myelitis	10	3	12	14	18	9	12	8	4	4	5	3	3	1	1	2	..	..	109
Membranous Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Nil

MEASLES 4209 Cases notified WHOOPING COUGH 1078 Cases notified

TABLE XI
Showing the number of cases of certain communicable diseases notified during the ten years 1941-1950, pursuant to the Infectious Disease (Notification) Act, 1889.

	Typhoid Fever	Scarlet Fever	Diph- theria	Cerebro- Spinal Meningitis	Polio- myelitis	Puerperal Fever	Erysipe- las	Membraneous Croup
1941	44	453	683	246	7	3	83	..
1942	10	778	427	122	5	12	82	..
1943	29	1964	322	75	2	2	60	1
1944	5	1679	217	48	5	5	67	..
1945	14	768	213	39	20	1	76	..
1946	13	753	220	39	8	1	95	..
1947	43	1144	115	24	61	1	77	..
1948	6	931	107	25	8	4	108	..
1949	3	2931	107	25	13	1	98	1
1950	5	1668	45	22	109	4	82	..

TABLE XII

Showing notifications of, and deaths from certain communicable diseases in the year 1950
with comparisons with the year 1949 and the averages for the years 1940-49

	Notifica- tions	Corrected Notifica- tions	Notifica- tions in 1949	Average Annual Notifica- tions 1940-49	Deaths 1950	Deaths 1949	Average Annual Deaths 1940-49
Diphtheria	45	40	107	358	3	6	20
Scarlet Fever	1,668	1,617	2,931	1,267	2	0	2
Erysipelas	82	81	98	86	—	—	—
Cerebro-spinal Fever ..	22	20	25	81	5	0	7
Poliomyelitis	109	102	13	13	11	0	2
Measles	4,209	4,226	2,025	2,814	5	3	25
Whooping Cough	1,078	1,078	1,566	843	16	9	26
Diarrhoea and Enteritis (under 2 years of age) ..	379	377	775	—	37	109	—
Dysentery	35	35	40	10	0	2	0.6
Typhoid	5	3	3	18	1	1	2
Food Poisoning	55	55	34	—	—	—	—
Puerperal Fever	4	4	1	8	0	0	4

— indicates figures not available.

DIPHTHERIA IMMUNISATION, 1950

During the Year, 5,484 persons completed a course of treatment against Diphtheria; of these 3,688 were immunised at clinics, schools and institutions by the Health Committee's Medical Officers and 1,796 by private practitioners with material supplied by the Department.

In addition 3,508 persons received reinforcing injections; of these 3,444 were given by the Health Committee's Medical Officers and 64 by private practitioners.

During the year, 2 primary schick tests were made; both were found to be negative.

TABLE XIII.

Showing age grouping of children immunised since October, 1936

Age at 31st Dec. of each year	1936-39	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	
Under 1 Year..	54	17	33	71	36	69	33	57	72	99	89	54	Total under 5 years at end of 1950 14,219 Equal to 36% of this age-group
1 year ..	1028	299	906	1634	2576	2492	2445	2329	2475	2597	2453	1642	
2 years ..	1037	335	1405	1373	1642	1329	1474	1554	1259	1236	1291	892	
3 years ..	1194	285	1258	985	1043	628	614	752	517	523	633	381	
4 years ..	1329	346	1228	937	997	455	358	514	430	352	382	248	Total over 5 and under 10 years at end of 1950 32,035 Equal to 72% of this age-group
5 years ..	1870	508	1262	929	1022	663	542	557	604	562	699	612	
6 years ..	3201	818	1408	1123	1133	965	810	691	664	655	881	762	
7 years ..	3573	756	1356	1017	963	802	678	615	480	360	595	500	
8 years ..	2558	399	995	567	706	492	360	328	263	186	221	237	Total over 10 and under 15 years at end of 1950 30,508 Equal to 76% of this age-group
9 years ..	1536	182	647	315	382	251	170	132	121	61	91	80	
10 years ..	920	88	433	221	222	107	71	75	59	34	47	29	
11 years ..	535	61	200	103	81	44	44	50	32	33	29	14	
12 years ..	413	33	213	85	73	33	18	35	36	17	29	8	Total over 15 years and under 20 years at end of 1950 30,508 Equal to 76% of this age-group
13 years ..	297	22	171	86	78	47	40	27	19	20	15	22	
14 years ..	215	20	141	60	40	26	27	25	23	9	42	1	
15 years & over	230	11	78	180	37	25	67	21	22	12	117	2	
TOTAL ..	19990	4180	11734	9686	11031	8428	7751	7762	7076	6756	7614	5484	

VACCINATION AGAINST SMALLPOX

During the year 1st January till 31st December, 1950 :—

2,098 persons were vaccinated at public clinics by the Health Committee's Medical Officers.

7,973 certificates of successful vaccination were received from general medical practitioners.

665 certificates of insusceptibility of the vaccine disease were received from general medical practitioners.

During the year 1st January till 31st December, 1950, the Vaccination Enforcement Officer paid 1,922 first visits and 465 re-visits to homes of children in respect of whom no certificates had been received. The results of these visits are as follows :—

(a) Vaccinated by general medical practitioners ; evidence of vaccination shown	84
(b) Stated to be vaccinated, no evidence shown ..	255
(c) Not vaccinated	631
(d) Child ill or unfit	285
(e) Child removed from known address ..	441
(f) Child deceased	14
(g) No admission obtained.. ..	677

TREATMENT OF SCABIES

During the year 109 treatments were carried out at the scabies clinic at the Disinfecting Station, Laganbank Road.

HEALTH EDUCATION

The new post of Health Education Officer was created at the end of the year 1949 with the result that, for the first year, 1950, much of the work was of a preparatory nature. This preparatory work entailed the detailed study of the problem and an examination of the most effective method of approach.

Under the circumstances it was decided that the method would be to establish contact with the public at as many places as possible. The problems were to cut down the spread of infectious diseases and encourage hygiene and cleanliness, especially in the realm of food handling.

Happily the public has responded well and it is felt that the contacts now established will lead to a better understanding between the public and the Department.

A further project was attempted in starting a course of lectures in conjunction with the Technical College. These lectures were given once per week throughout the winter session to prepare people engaged in the Food Trade for the Certificate examination of the Royal Institute of Public Health and Hygiene. So many (about 200) wished to join the class that extra classes had to be arranged. The classes were staffed by members of the Health Department.

Below is given a table showing

1. Contacts established
 2. Lectures given and average number present
 3. Film shows and average number present
 4. Articles prepared for Magazine and Press
1. (a) Schools 19 (plus the Belfast Education Authority)
 - (b) Youth Organisations 15
 - (c) Associations 44
 - (d) Factories 35
 - (e) Food Premises 42
2. Lectures given 81 and average number present 75
 3. Film shows 21 and average number present 45
 4. Articles prepared for Magazine and Press 5.

REPORT OF THE PORT SANITARY AUTHORITY FOR THE YEAR 1950.

The Corporation of Belfast, as the Sanitary Authority, was permanently constituted the Port Sanitary Authority for the Port of Belfast by the Local Government Board (Ireland) Provisional Orders Confirmation (No. 4) Act, 1900.

The expenses of the Port Sanitary Authority are contributed by the Urban and Rural Sanitary Authorities in the following proportions:—

Corporation of Belfast	..	..	92%
Carrickfergus Urban District Council	..	..	1%
Holywood Urban District Council	..	..	1%
Bangor Borough Council	..	..	1%
Belfast No. 1 Rural District Council	..	..	1½%
Belfast No. 2 Rural District Council	..	..	1½%
Larne Rural District Council	..	..	1%
Newtownards Rural District Council	..	..	1%

I—AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

TABLE A.

	Number	Tonnage	Number Inspected		Number recorded to be defective	Number of vessels on which defects have been remedied	Number of vessels reported as having had during the voyage infectious disease on board
			By Medical Officer	By Sanitary Officer			
FOREIGN							
Steamers ..	357	669488	34	357	125	120	2
Motors ..	143	152245	8	143	37	34	..
Sailing ..	..	..	..	..	..	..	..
Fishing ..	..	..	..	..	..	..	..
Total Foreign ..	500	821733	42	500	162	154	2
COASTWISE							
Steamers } ..	7609	3587772	24	1643	272	256	18
Motors }							
Sailing }							
Fishing }							
NON-TRADING							
Steamers ..	393	185064	..	..	..	..	..
Sailing ..	..	..	..	..	..	..	..
Total Coastwise	8002	3772836	24	1643	272	256	18
Total Foreign and Coastwise	8502	4594569	66	2143	434	410	20

II—CHARACTER OF TRADE OF PORT.

TABLE B.

(a) Passenger Traffic (other than coastwise) during the year

Number of Passengers		Aliens	British	Total	Refused Leave to Land
Inwards by Ship	..	47	1165	1212	1 (Stowaway)
Inwards by Aircraft	..	114	177	291	Nil
		161	1342	1503	1
					Refused Leave to Embark
Outwards by Ship	..	41	1091	1132	Nil
Outwards by Aircraft	..	94	211	305	Nil
		135	1302	1437	Nil

(b) Cargo Traffic :

Principal Imports—Wheat, barley, oats, linseed, pollards, timber, flax, ores, paper, pulp, iron, steel, coal, cement, fertilizers, oil, flour, bran, cattle, fodder, tobacco, glass, salt, fruit, vegetables, wines, ales.

Principal Exports—Machinery, ropes, linen, yarns, tobacco, cigarettes, potatoes, grass-seed, butter, eggs, poultry, rabbits, apples, live cattle, whiskey, aerated waters.

(c) Foreign Ports from which Vessels Arrived :

Aalborg, 1 ; Abadan, 4 ; Abo, 2 ; Adelaide, 1 ; Aden, 1 ; Alexandria, 1 ; Amsterdam, 1 ; Antwerp, 18 ; Archangel, 2 ; Bakar, 1 ; Balbriggan, 1 ; Ballina, 1 ; Baltimore, 6 ; Bari, 1 ; Basra, 3 ; Bayonne, 1 ; Beira, 6 ; Bergen, 1 ; Bone, 1 ; Bordeaux, 3 ; Borga, 1 ; Bremen, 9 ; Bruges, 1 ; Buenos Aires, 11 ; Caen, 2 ; Calcutta, 7 ; Calmar, 1 ; Capetown, 2 ; Cartagena, 1 ; Casablanca, 6 ; Cherbourg, 1 ; Copenhagen, 1 ; Cork, 2 ; Curacao, 2 ; Dairen, 2 ; Dakar, 1 ; Danzig, 1 ; Delfzyl, 2 ; Digby, 1 ; Drogheda, 3 ; Duala, 1 ; Dublin, 11 ; Dundalk, 6 ; Dunkirk, 5 ; Esbjerg, 2 ; Fiume, 2 ; Galway, 1 ; Gdynia, 2 ; Ghent, 38 ; Gibraltar, 1 ; Gothenburg, 12 ; Greenore, 1 ; Guernsey, 32 ; Haifa, 2 ; Halifax, 2 ; Hamburg, 4 ; Haug-sund, 1 ; Helsingfors, 1 ; Helsinki, 1 ; Hernosand, 2 ; Honfleur, 1 ; Hofmanholme, 1 ; Huelva, 3 ; Izmar, 1 ; Jaffa, 1 ; Jersey, 2 ; Karlshamn, 1 ; Kaska, 1 ; Kotka, 16 ; La Pallice, 1 ; Las Palmas, 6 ; Latakia, 2 ; Leghorn, 1 ; Le Havre, 1 ; Lenin-grad, 1 ; Leixen, 1 ; Leixoes, 2 ; Limerick, 1 ; Lisbon, 7 ; Lourenco Marques, 2 ; Melbourne, 1 ; Mena-al-Ahmadi, 1 ; Mogador, 1 ; Mombasa, 3 ; Montreal, 15 ; Newcastle (N.S.W.), 1 ; New Westminster, 1 ; New York, 20 ; Nicolieff, 5 ; Nor-folk, 2 ; Novorossisk, 6 ; Odessa, 3 ; Oporto, 1 ; Oslo, 6 ; Ostend, 1 ; Palermo, 1 ; Paranagua, 1 ; Port Adelaide, 2 ; Portland, 2 ; Port Said, 2 ; Port Sulphur, 1 ; Raake, 1 ; Rejika, 1 ; Rosario, 2 ; Rotterdam, 51 ; Rouen, 29 ; St. Johns, 6 ; Sandefjord, 1 ; Sasvanger, 1 ; Sibenik, 1 ; Skerries, 1 ; Sorrel, 1 ; Stavanger, 1 ; Stettin, 2 ; Sundsvall, 1 ; Svartrik, 1 ; Sydney, 1 ; Three Rivers, 2 ; Teneriffe, 6 ; Trinidad, 1 ; Tripoli, 2 ; Vaasa, 1 ; Valencia, 1 ; Vancouver, 2 ; Vellando Costillo, 1 ; Vestervik, 1 ; Vianna-do-Castello, 4 ; Victoria B.C., 1 ; Villareal-de-Antonia, 1 ; Vlaardingen, 1 ; Waterford, 2 ; Weismar, 2 ; Yxpelia, 1.

The nationality of the vessels which arrived at the port and were inspected was as follows :—

American, 21 ; Argentine, 2 ; Belgian, 3 ; British, 1,901 ; Danish, 10 ; Dutch, 112 ; Finnish, 8 ; French, 10 ; German, 7 ; Greek, 8 ; Indian, 1 ; Is-raeli, 1 ; Italian, 2 ; Norwegian, 15 ; Panamanian, 10 ; Portuguese, 1 ; Russian, 2 ; Spanish, 3 ; Swedish, 11 ; Swiss, 13 ; Yugo-Slav, 2.

MEDICAL INSPECTION OF ALIENS.

Annual return by the Medical Inspector of Aliens for the year ended
31st December, 1950.

During the year the Medical Inspector under the Aliens Order (The Port Medical Officer of Health) was requested to medically examine 2 Aliens, both of whom were found to be in a satisfactory state of health and were not certified as being undesirable for medical reasons.

	Total	Number inspected by the Medical Officer	Number subjected to detailed Medical examination by the Medical Inspector	Lunatic Idiot or M.D.	Undesir-able for medical reasons	Physically incapac-itated	Suffering from acute infectious disease	Landing necessary for adequate medical examina-tion	Trans-migrants
(a) Total number of aliens landing at the Port	161	2	1	..	..	..	..	..	..
(b) Aliens refused permis-sion to land by Immigration Officer	1*	..	..	..	..	..	..	..	..
(c) Transmigrants	..	..	..	..	..	..	..	..	..
Total Aliens arriving at the Port	162	2	1	..	..	..	..	..	..

* Stowaway.

Total number of vessels carrying Aliens—18 ships inwards, 17 outwards.

„ „ „ „ —19 aircraft inwards, 28 outwards.

Number of vessels dealt with by Medical Inspector—1.

III—WATER SUPPLY (a) and (b) FOR PORT AND SHIPPING.

The water supply for the port and shipping is taken from the mains which supply the City and the surrounding districts of Belfast.

The supply is controlled by the Belfast City and District Water Commissioners who have hydrants on all quays and wharves.

(c) Water Boats : There are no waterboats at the port.

IV—PORT SANITARY REGULATIONS (NORTHERN IRELAND) 1948.

1. Arrangements for Dealing with Declaration of Health Forms.

Declaration of Health Forms as recommended by the Association of Sea and Air Port Health Authorities of the British Isles are in use at the Port. Special instructions relative to the Port of Belfast are given on the fourth page, and a supply of these forms is distributed to H.M. Customs Officers, and the Belfast Harbour Commissioners for the use of the Pilotage service.

A Declaration of Health form signed by the Master and countersigned by the Ship's Surgeon (where one is carried) is received from each vessel arriving at the port from a foreign port. The Declaration of Health Form is received by the Customs Officer or the Port Sanitary Officer on the arrival of the vessel. The answers to the questions contained in the Declaration are scrutinised and supplementary questions asked.

In cases where the Customs Officer first boards the vessel and the Declaration of Health is satisfactory, pratique is granted.

If the Declaration of Health is not satisfactory, the circumstances are immediately reported to the Port Medical Officer, who makes investigations before passengers or crew are allowed to land.

Vessels arriving at the port are required to display the appropriate quarantine signals as laid down in the regulations.

2. Boarding of Vessels on Arrival.

All vessels arriving from a foreign port are boarded on arrival by an Officer of H.M. Customs and an Officer of the Port Sanitary Authority.

3. Notification to the Authority of Inward Vessels Requiring Special Attention (Wireless Messages, Land Signal Stations, Information from Pilots, Customs Officers, etc.)

Arrangements for the transmission of wireless messages from inward bound vessels requiring special attention under the regulations have been made with the various Shipping Companies and Agents in Belfast. Under these arrangements the Shipping Companies receive the wireless message required under Article 7 and forward the information to the Port Medical Officer.

Alternatively, or in addition, wireless messages are received direct by the Port Sanitary Authority; the telegraphic address "PORTELTH BELFAST" having been registered for this purpose.

No land signalling system is in operation.

Close co-operation exists between the Port Sanitary Authority and the Officers of H.M. Customs and notification of vessels requiring special attention is received from the latter.

4. Mooring Stations Designated Under Article 10.

(a) Within the Docks—With the concurrence of H.M. Customs and the Belfast Harbour Commissioners, the ordinary places of mooring, discharge or loading in relation to inward vessels from foreign ports, have been designated "mooring stations" within the docks.

(b) Outside the Docks—The outside mooring station is situate at Carrick Roads about three-and-a-half miles from the nearest point of the docks. Infected or suspected ships or other ships which may be unhealthy, are required to proceed to established mooring stations.

5. Particulars of any Standing Exemption from the Provisions of Article 14.

Standing exemptions from detention under Article 14 are granted

- (a) in case of vessels arriving from a port or seaboard included in the list referred to in Article 11, unless such port or seaboard has been specially referred to in the current list, or special instructions have been issued in regard to same ;
- (b) in the case of vessels having on board one of the common infectious diseases, such as Scarlet Fever, Measles, Tuberculosis, Mumps, Diphtheria, Whooping Cough, Influenza or Malaria.

During the year fifteen contacts of Smallpox and two of Typhoid, whose arrival in Belfast had been advised by other Sea and Air Port Health Authorities, were kept under surveillance for the requisite periods. One person who had had an attack of Malaria on the voyage to Belfast was also kept under surveillance.

6. Experience of Working of Article 16; Restriction on Boarding or Leaving Vessels.

In carrying out the provisions of this Article during the year, no difficulty arose, and it was only necessary to require four passengers to furnish names and destinations, etc., as they arrived from an infected port.

7. Arrangements made for

(a) Premises and Waiting Rooms for Medical Examinations :

There are at present no premises set apart as a Customs Examination Hall, waiting rooms and rooms for the medical examination of passengers, as there are no direct passenger sailings from and to this port from foreign ports.

The premises which were erected and used for this purpose have been taken over and used as a shed for the storage of goods in transit.

Passengers who arrive by direct cargo steamers from foreign ports are examined, if necessary, on board the particular vessel.

(b) Arrangements for Cleansing and Disinfection :

After the removal of a case or cases of infectious disease, disinfection of the vessel is carried out by the Port Sanitary Officers. Clothing and other effects are removed to the Health Committee's Disinfecting Station, Laganbank Road, where they are subjected to steam pressure disinfection. The cleansing of persons is also carried out at this station where suitable facilities have been provided for this purpose.

(c) Temporary Accommodation :

None provided.

(d) Hospital Accommodation Available for Plague, Yellow Fever, and Other Infectious Diseases :

The Northern Ireland Hospitals Authority make provision for the reception of cases of infectious disease at the Northern Ireland Fever Hospital at Purdysburn.

Separate premises situated in the hospital grounds, but self-contained and isolated from the other hospital buildings, are available for the reception of cases of smallpox.

(e) Ambulance Transport :

The Port makes use of the facilities provided for ambulance transport in the City by the Northern Ireland Hospitals Authority.

(f) The Supervision of Contacts :

When contacts of infectious disease are members of the crew, they are kept under supervision by the Port Medical Officer. In the case of passengers or crew landing, their destinations are ascertained. Should they proceed to a place outside Belfast, the Medical Officer of the relevant district is notified.

8. Arrangements for Bacteriological or Pathological Examinations of Rats for Plague.

Bacteriological and Pathological examination of rats for plague is carried out by arrangement with the Director of Laboratory Services, Northern Ireland Hospitals Authority.

9. Arrangements for Other Bacteriological and Pathological Examinations.

All other bacteriological and pathological examinations are carried out by arrangement with the Director of Laboratory Services, Northern Ireland Hospitals Authority.

10. Arrangements for the Diagnosis and Treatment of Venereal Diseases Among Sailors under International Agreements.

Upon the arrival of vessels in the port, information is given to the Masters as to the arrangements for the diagnosis and treatment of venereal diseases amongst sailors. Pamphlets are left on board which give the location and time of the V.D. Clinics. The pamphlets give warning of the dangers of the disease. Every encouragement is given for attendance at any of the following Clinics :—

Royal Victoria Hospital

Mater Infirmorum Hospital

When continuation of treatment at other ports is necessary, the sailors' Form V44 (Revised) is filled in by the Medical Officer in charge of the V.D. Clinic giving full particulars of the treatment he has received.

11. Arrangements for the Interment of the Dead.

All arrangements for the interment of the dead are attended to by the Shipping Companies or their Agents.

12. Other Matters, if any, Requiring or Receiving Attention.

Smallpox :

During the smallpox outbreak in Glasgow, surveillance on the cross-Channel Steamers was increased. With the co-operation of the Glasgow Port Health Authority, all members of the crews of the Glasgow Steamers were vaccinated.

During the year medical inspection of the crews of vessels arriving from the Gold Coast or East of Port Said was intensified. This revealed an outbreak of infectious Hepatitis on one ship, S.S. "Empire Breeze," and a member of the crew was admitted to the Northern Ireland Fever Hospital. No other infectious disease was discovered, but it was found that the state of vaccination of crews in these ships which come from Smallpox infected ports was not always satisfactory. This applies particularly to new members of the crew. Merchant seamen so very seldom have written records of vaccination that supervision of this very necessary preventive measure is difficult.

TABLE C.

Cases of Infectious Sickness Landed from Vessels Including Coastwise Vessels.

DISEASE	Number of Cases during 1950		Number of Vessels concerned	Average Number of cases for previous five years
	Passengers	Crew		
Influenza	—	1	1	1
Tuberculosis	20	—	15	9
Infectious Hepatitis	—	1	1	—
Measles	—	1	1	—

TABLE D.

Cases of Infectious Sickness Occurring on Vessels During the Voyage but disposed of prior to Arrival

DISEASE	Number of Cases during 1950		Number of Vessels concerned	Average Number of cases for previous five years
	Passengers	Crew		
Influenza	—	1	1	—
Tuberculosis	3	—	1	—

No cases of plague, cholera, yellow fever or typhus fever occurred and no plague-infested rats were discovered during the year.

THE PARROTS (PROHIBITION OF IMPORT) REGULATIONS, 1930.

During the year a Norwegian vessel S.S. "Cygnus" arrived at the port with one Parrot on board. A notice was served on the Master prohibiting the landing of the bird. The bird was subsequently exported when the vessel sailed from the port.

Four Macaws were imported from Rue Des Sables, Brussels (for exhibition purposes at the Belfast Zoological Gardens, Bellevue) under a permit granted by the Northern Ireland Ministry of Agriculture. Quarantine accommodation at Bellevue was inspected and found to be satisfactory.

V—MEASURES AGAINST RODENTS.

1 Steps taken for Detection of Rodent Plague.

(a) *In ships in Port*:—All vessels arriving from ports where plague is endemic are boarded by the Port Sanitary Officer as soon as possible after berthing. Enquiries are made as to the prevalence of rats on board, and as to whether any sick or dead rats were found during the voyage. The vessels are then inspected to ascertain the degree of rat infestation, and are periodically inspected during the time they remain in Port, in order to ascertain if any dead rats have been found in the cargo.

Traps are set with a view to obtaining rats for Bacteriological Examination.

(b) *On Quays, Wharves, Warehouses, etc., in the vicinity of the Port*:—Instructions are given to the owners, occupiers, and employees on the quays that any rats caught or killed should be given to the Port Sanitary Officer who will forward them for bacteriological examination.

2. Measures taken to Prevent the Passage of Rats Between Ship and Shore.

All vessels arriving from foreign ports are required to affix ratguards to all moorings and maintain them so fixed during the time they are in port. It is also recommended that the gangway or any other communication with the shore should be raised at least eighteen inches from the ground.

3. Methods of Deratization of Ships, etc.

(a) *Ships*.—Deratization of ships is carried out by fumigation with Hydrogen cyanide.

The fumigation is carried out by contractors under the supervision of the Port Sanitary Officers, the minimum concentration being two ounces per thousand cubic feet, with a minimum of two hours exposure. A longer period of exposure is more desirable.

(b) *Premises in the vicinity of the Docks, Quays, etc.*.—The various Shipping Companies, warehousemen, and occupiers of premises in the vicinity of the docks carry out, at the request of the Port Medical Officer, such works as may be necessary for the extermination of rats. Notices are issued if necessary under the Rats and Mice (Destruction) Act, 1919, and are served on the occupiers of the premises.

Cats are kept in most of the stores and warehouses. Trapping and poisoned baits are also employed.

During the year the Belfast Harbour Commissioners renewed their contract with a local firm, who are engaged in rat and pest disinfection. This firm has been putting down poisoned baits in the sheds and on the lands under the jurisdiction of the Commissioners with effective results and a marked reduction in the rat population.

4. Measures taken for the Detection of Rats in Ships and on Shore.

(a) *In Ships*.—Vessels arriving in the Port are inspected by the Port Sanitary Officers who ascertain whether or not they are infested with rats, and if so, to what extent.

(b) *On Shore*.—Stores in the vicinity of the docks are inspected regularly for the detection of rats. Damage caused by rats to goods in stores was very little during the year.

5. Rat Proofing.

(a) *Extent to which Docks, Wharves, Warehouses, etc., are Ratproof* :

The docks and wharves on the County Antrim side of the Port are so constructed as to be as nearly ratproof as possible. The floors of the sheds and warehouses and the roadways leading thereto are constructed of concrete or granite setts laid on concrete.

On the County Down side, the wharves are mostly erected on piles, and these afford a certain amount of harbourage, but as these wharves are used principally for the discharge of coal, ores, steel, etc., they are not so attractive to rats as those wharves where grain and foodstuffs are landed and stored.

(b) *Action to Extend Ratproofing* :

1. *In Ships*.—Efforts are directed towards sealing vulnerable places such as provision stores and pantries where food is kept. This is generally done by encasing with sheetmetal and closing the means of access of rats between one apartment and another, so as to make them as ratproof as possible.

2. *On Shore*.—Periodical inspections are made by the Port Sanitary Officers to see that the various premises in the vicinity of the docks are kept in good condition.

Most owners and occupiers of the premises are aware of the damage caused by rats to merchandise, and take every precaution to prevent the access of rats to their premises.

Where no such precautions are taken notices under the Rats and Mice (Destruction) Act, 1919, are served on the owners or occupiers concerned.

NUMBER OF RATS DESTROYED DURING THE YEAR.

TABLE E.

(1) On Vessels :

Species	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	26	9	18	6	22	5	3	10	81	8	7	12	207
Brown
Species not recorded
Examined
Infected with plague

TABLE F.

(2) In Docks, Quays, Wharves, Warehouses :

Species	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	5	9	10	8	5	8	6	3	10	9	12	8	93
Brown
Species not recorded
Examined
Infected with plague

The number of rats destroyed in the docks, quays, wharves, etc., as recorded in Table F refers to those which came to the notice of the Port Sanitary Officers.

The sheds and stores on the Harbour Commissioners' estates are baited regularly by a firm of contractors employed by the Harbour Commissioners for the destruction of rats, but the number of rats destroyed is not available as no estimate is given by the contractors.

Owing to the intensive baiting the number of complaints regarding damage by rats to merchandise in the sheds, etc., is very small, and the number of baits left untouched would indicate that the rat infestation is very limited.

TABLE G.

Measures of Rat Destruction on Plague "Infected" or "Suspected" vessels, or vessels from plague infected ports arriving in the port during the year.

Total Number of such Vessels Arriving	Number of such Vessels Fumigated with S.O2	Number of Rats Killed	Number of such Vessels Fumigated with HCN	Number of Rats Killed	Number of such vessels on which Trapping Poisoning etc., were Employed	Number of Rats Killed	Number of such Vessels on which Measures of Rat Destruction were not Employed
1	1	..	..	..	..

TABLE H.

Deratization Certificates and Deratization Exemption Certificates issued during the year.

Nett Tonnage	Number of Ships	No. of Deratization Certificates Issued				Total	No. of Deratization Exemption Certificates Issued	Total Certificates Issued
		After Fumigation with			After Trapping Poisoning etc.			
		HCN	Sulphur	HCN and Sulphur				
Ships up to 300 tons ..	4	..	..	..	..	..	4	4
Ships from 301 to 1000 tons ..	15	1	..	..	..	1	14	15
Ships from 1001 to 3000 tons ..	11	3	..	..	..	3	8	11
Ships from 3001 to 10,000 tons	32	7	..	..	..	7	25	32
Ships over 10,000 tons ..	5	3	..	..	..	3	2	5
TOTAL ..	67	14	..	..	..	14	53	67

VI—HYGIENE OF CREWS' SPACES.

TABLE J.

Classification of Nuisances :

Nationality of Vessel	Number inspected during 1950	Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British ..	1901	4	42	350
Other Nationalities	242	1	10	57

Defects were found as follows :—

			<i>British</i>	<i>Other Nationalities</i>
Quarters require cleaning ..	..	..	197	32
Quarters require painting ..	..	..	3	—
Waterclosets require cleaning ..	..	..	114	22
Bedding requires cleaning ..	..	..	1	—
Bilges require cleaning ..	..	..	5	1
Washbasins require cleaning ..	..	..	2	—
Freshwater tanks require cleaning ..	..	..	23	1
Vermin, etc. ..	..	..	5	1
Defective Portlights ..	..	..	7	3
Defective scupper pipes ..	..	..	16	4
Defective skylights ..	..	..	1	—
Defective ventilation ..	..	..	1	—
Defective Deckheads ..	..	..	3	1
Defective washbasin ..	..	..	1	—
Defective flushpipe to watercloset ..	..	..	1	—
Defective flush to watercloset ..	..	..	2	—
Defective waterclosets ..	..	..	5	2
Defective and choked waterclosets ..	..	..	2	—
Defective stove pipes ..	..	..	2	—
Defective galley stove ..	..	..	1	—
Defective radiator ..	..	..	1	—
Defective door ..	..	..	1	—
Defective wastepipe to sink ..	..	..	—	1
Defective Freshwater Tank ..	..	..	1	—
Defective drainage to quarters ..	..	..	1	—

The standard of crew accommodation and amenities continues to improve in the new vessels, foreign-going and coastwise. Generally speaking, crews have responded to these better conditions by making full and proper use of the new amenities. The standard of hygiene is always at its best when a senior officer shows interest in the crew and supports the Port Sanitary Officer's recommendations.

The smaller coastwise vessels still have a very low standard of accommodation and amenities, which is reflected in the above table in the figures under the heading, "Dirt, Vermin and General Uncleanliness." The position is naturally at its worst in the large number of small colliers using the port.

VII—FOOD INSPECTION.

1. Action taken under the Public Health (Imported Food) Regulations, 1937, The Public Health (Imported Milk) Regulations, 1937, and The Public Health (Preservatives, etc., in Food) Regulations, 1927-1940

During the year all sheds and warehouses at the Port, where food is landed or stored, were inspected regularly for the detection of unsound food. The quality of the food which arrived at the Port during the year maintained a very high standard.

Seizures.

		<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
1 Carton containing pork sausages, white puddings, pork pies	..	0	0	1	19
Beef (frozen)	..	0	1	2	2
Mutton (frozen)	..	0	0	1	22
Liver (frozen)	..	0	0	0	15
Fish	..	0	0	1	14
1 Tin Qualfil. Cream	..	0	0	1	0
TOTAL	..	0	3	0	16

No milk is imported, but large quantities of fresh milk are exported to cross-Channel ports by the Ministry of Agriculture for Northern Ireland.

2. Shellfish—Information respecting any shellfish beds or layings within the jurisdiction of the Port Sanitary Authority, stating whether they are, in the opinion of the Port Medical Officer, liable to pollution.

There are no layings of shellfish within the jurisdiction of the Port Sanitary Authority.

Report on any action taken under the Public Health (Shellfish) Regulations, 1936, or the Sale of Food and Drugs Acts (Northern Ireland).

Under the Belfast Corporation Act, 1930, it is an offence to gather any shellfish within the jurisdiction of the Port Sanitary Authority. Posters are exhibited in the vicinity of the Port area during the summer months, warning the members of the public against the gathering of shellfish.

No legal proceedings were instituted under this Act during the year.

REPORT OF THE EXECUTIVE SANITARY OFFICER FOR THE YEAR 1950.

The work of the inspectorial staff is concerned largely with environmental hygiene in the home, shop, office or factory ; the purity and cleanliness of food and the prevention of atmospheric pollution. The investigation of complaints, concerned mainly with structural and sanitary defects in dwelling houses, remains a major activity in the duties of the District Sanitary Officers. Inspections of all types of food premises were well maintained by the Food and Drugs Inspectors, particular attention being given to the adequacy of existing facilities for personal cleanliness and in order to ascertain if precautions were adopted to prevent contamination of food in course of preparation, storage and distribution. The introduction of new legislation relating to the business of a vendor of fried fish or fried potatoes imposed additional duties on the Food Section and tribute must be made to Mr. J. Walker, Senior Food Inspector, and his staff, not only for the manner in which this work has been undertaken, but also for the satisfactory results achieved in those fish and chip premises now registered as in compliance with the new legislation.

Sewerage and Sewage Disposal.

All areas of the City, with the exception of isolated premises on the outskirts, are connected with the sewerage system. Sewage is collected by means of high and low level main sewers and discharged into the outfall works situated adjoining Belfast Lough. It is screened and passed through detritus chambers before entering the sedimentation tanks. Sludge from the sedimentation tanks is pumped to a sludge steamer and taken to sea and deposited in deep water outside a line drawn between Blackhead and Orlock Point. The effluent from the sedimentation tanks goes to the storage ponds and is discharged during the first three-and-a-half hours of ebb tide at a point one mile from the shore. The system of sewerage and sewage disposal is under the control of the City Engineer and Surveyor and functions efficiently.

Refuse Collection and Disposal.

This service is carried out by the City Surveyor's Department by direct labour, and there are approximately 129,500 ashbins in use in the City. Apart from holiday periods, ashbins are emptied on a weekly basis, while in the City centre a daily service exists. During the year the supply of new ashbins was reasonable good ; these can be obtained by the public from the Corporation on terms of hire. Refuse is disposed of mainly by tipping in areas geographically selected to facilitate efficient operation of the scheme. A small portion is dealt with at the Refuse Destructor, Laganbank Road. During the summer months tipping areas and ashbins were treated with insecticides in order to reduce fly-breeding. Details of action taken by the Sanitary Officers under Belfast Corporation Act, 1930, will be found under the heading "Provision of Ashbins."

Water Supplies.

Control of the public water supply is vested by Act of Parliament in the Belfast City and District Water Commissioners, who supply all domestic water with the exception of a few houses on the outskirts of the City. The supply is derived from three main catchment areas :—

1. Mourne Supply from the Mourne Mountains about 40 miles from Belfast ;
2. Woodburn (Carrickfergus) Supply, County Antrim ;
3. Stoneyford Supply about 10 miles from Belfast.

Routine bacteriological examinations of all waters were made by Professor W. J. Wilson, B.A., M.D., D.Sc., D.P.H., Director of Water Examinations to the Water Commissioners, and copies of the analysis and results were submitted monthly to the Medical Officer of Health for his information. In addition samples were taken from premises in the City by Sanitary Officers and submitted to the Public Health Laboratory for bacteriological examination. Nine samples were taken from private sources, seven of which were reported as satisfactory ; of

the remainder, in one case the premises were closed as unfit for human habitation, and in the other case the owner of the premises has requested the Water Commissioners to provide a supply from public mains. Seventy-eight samples were taken from public supplies, of which 36 were reported as highly satisfactory and the remaining 42 as unsatisfactory due to the presence of coliform organisms in a chlorinated supply. An analysis of the unsatisfactory samples is appended.

Coliform Organism Count per 100 ml.	Number of samples
1- 2	20
3-10	19
Greater than 10	3
Total	42

As some of the above organisms were reported by the Public Health Laboratory to be of faecal origin, representations regarding the quality of such samples were made by the Medical Officer of Health to the Water Commissioners.

SANITARY SECTION.

PROCEEDINGS UNDER THE PUBLIC HEALTH ACTS.

Nuisances :

Complaints received	..	..	..	39,849
Nuisances discovered	..	..	..	21,450
Total number of inspections made in respect of nuisances	..	..	..	120,304
Number of notices issued	..	..	..	23,475
Number of sanitary improvements carried out			..	40,494
Summonses issued	..	..	..	1,209
Court Orders obtained	..	..	..	45
Disobedience Summonses issued		..	..	4

By-Laws made under Section 23, Public Health (Amendment) Act, 1890 (Relating to keeping Water Closets supplied with sufficient water for flushing).

Number of Notices issued	..	..	..	931
Number of Summonses issued		..	..	75

Keeping of Animals :

Number of stables	..	..	..	335
Total number of inspections	..	..	..	3,298
Number of piggeries	..	..	..	119
Total number of inspections	..	..	..	2,167

Offensive Trades :

Number of trades on register, 31st December, 1950	..			11
Total number of inspections	..	..	..	197
Breaches of By-Laws	..	..		—
			..	

Atmospheric Pollution :

Proceedings re black smoke, other than from private dwellings:—				
Approximate number of chimneys	..	..		274
Timed observations taken	..	..	..	495
Revealing black smoke over two minutes in half-hour observations	..	..	..	1

Burial Grounds :

Number in City	10
Total number of inspections	147
Number of exhumations supervised by the Sanitary Officers	5

Cinemas, Theatres :

Number in City	43
Number of routine inspections	860

In addition to routine inspections concerning cleanliness, sanitary conveniences, etc., special visits are made in connection with the efficiency of ventilating and heating systems. Tests are carried out involving the use of the Kata Thermometer and a hygrometer. If unsatisfactory results are obtained the attention of the management is drawn to same; five such letters were sent during the year and in two cases improvements were carried out.

Primary and Intermediate School Buildings :

Number in City	136
Total number of inspections	1,103
Defects discovered by Sanitary Officers	273
Complaints from School Health Services investigated	111
Intimations concerning defects sent to Director of Education	87
Intimations concerning defects sent to Managers, etc.	38
Sanitary improvements carried out	28

Miscellaneous Inspections :

Tipping Grounds—Number in City	8.	Total Inspections	123
Marine Stores — „ „ „	30.	„ „	517
Rivers — „ „ „	15.	„ „	325
Public Sanitary Conveniences — „ „ „	76	„ „	1,684
<i>(Including those situated in parks and playgrounds)</i>			

Drain Tests :

Total number of tests made (including tests made under Rodent and Insect Pests Control)	444
Number showing defects	205

Provision of Ashbins (Section 44, Belfast Corporation Act, 1930) :

Number of notices served under above Section	415
Number of ashbins provided	604
Number of Summonses for non-compliance with notice	8

Hairdressers Act (N.I.), 1939 :

Total No. on register as at 31/12/49	375
„ registered during 1950	52
„ deleted during 1950	28
„ on register as at 31/12/50	399
„ of inspections of registered premises	2,069
Number of intimations sent re contraventions of By-Laws	1

Planning and Housing Act (N.I.), 1931 :

Owing to the serious shortage of dwelling houses, no surveys were made under the above Act. Premises situated at 364a, Springfield Road were closed under the provisions of Section 32, as unfit for human habitation and subsequently vacated.

Common Lodging Houses :

From the 6th to the 20th April, 1950, owing to an outbreak of Small Pox in Glasgow, the supervision of Common Lodging Houses, Sailors' Homes and Institutes was taken over by this Department. Keepers were required, under Section 94, Public Health (Ireland) Act, 1878, to compile schedules of all persons received as lodgers during the preceding day or night. This information included (1) Name of Lodger, (2) Identity Card No., (3) Date of Arrival, (4) Place or Places of Lodging during previous 14 days, (5) Date of last Vaccination. During this period Sanitary Officers made daily visits to such premises, with a view to the early detection of Small Pox contacts who might have arrived in the City from Glasgow.

Pupil Sanitary Officers :

Six pupils completed their practical training during 1950 ; nine entered for the Sanitary Inspectors' Examination of the Royal Sanitary Institute, London, six obtaining their certificates. The number of pupils in the Department on the 31st December, 1950, was three.

Report on the Administration of the Factories Act (Northern Ireland), 1938.

PART 1.—INSPECTIONS for the purposes of provisions as to health including Inspections made by Sanitary Inspectors.

PREMISES (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories with mechanical power	2,221	158	6
Factories without mechanical power	322	19	3
† Other premises under the Act (including works of building and engineering construction, but not including outworkers' premises)	707	48	..
† Electrical Stations should be reckoned as factories.			
TOTAL ..	3,250	225	9

PART 2.—DEFECTS FOUND.

PARTICULARS (1)	Number of Defects			Number of defects in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to Chief Inspector (4)	
Want of cleanliness (S.1)	49	36	..	..
Overcrowding (S.2)	2	2	..	..
Unreasonable temperature (S.3)	6	8	1	..
Inadequate ventilation (S.4)	13	7	1	..
Ineffective drainage of floors (S.6)	1	1	1	..
Sanitary Conveniences (S.7) {	Insufficient	22	15	..
	Unsuitable or defective	268	262	..
	Not separate for sexes	5	6	..
Other offences (excluding offences relating to Home Work which are included in Part 3 of this report) ..	12	3	8	..
Breach of special sanitary requirements for bakehouses (S.56 to S.59)	21	15	..	..
TOTAL ..	399	355	11	9

PART 3.—HOMEWORK.

NATURE OF WORK (1)	Number of Inspections of Out- workers' Premises (2)	Outwork in Unwholesome Premises (Section 115)			Outwork in Infected Premises (Sections 116 and 117)		
		Instances (3)	Notices Served (4)	Prosecu- tions (5)	Instances (6)	Orders Made (S. 117) (7)	Prosecu- tions (Ss. 116 & 117) (8)
1. Making, cleaning, washing, altering, ornamenting, finishing and repairing of wearing apparel ..	119	2	..	..	..	..	..
2. Making-up, ornamenting, finishing, and repairing of table linen, bed linen or other household linen (including in the term "linen" articles of cotton or cotton and linen mixtures)	294	8	3	..	8	8	..
3. Textile Weaving and any process incidental thereto ..	..	..	..	..	..	..	..
4. Other ..	..	..	..	..	..	..	..
TOTAL ..	413	10	3	..	8	8	..

Medicines, Pharmacy and Poisons Act (N.I.), 1945.

Number of persons on register 28

Shops Act (N.I.), 1946.

Number of inspections under Section 22 1,133
Number of contraventions discovered 332
Number of contravention notices served :. .. 240
Number of contraventions remedied 279
Number of exemption certificates issued (in respect of sanitary conveniences or washing facilities) .. 2

Rag Flock Act, 1911.

Number of inspections of premises where rag flock is used 42
Number of samples submitted to Public Analyst .. 18
Number of samples certified as not being in accordance with Rag Flock Regulations, 1912 1
Number of cautionary letters issued Nil
Number of prosecutions instituted Nil

SALE OF FOOD AND DRUGS ACTS.

Year	Number of samples taken for analysis			Number of samples adulterated			Percentage of samples adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
1946	825	25	850	17	5	22	2.06	20.0	2.58
1947	962	38	1000	40	1	41	4.16	2.6	4.1
1948	956	59	1015	40	2	42	4.18	3.38	4.13
1949	972	57	1029	34	..	34	3.49	..	3.30
1950	1012	15	1027	21	..	21	2.07	..	2.04

Return Showing Particulars of Adulterated Samples.

NATURE OF SAMPLE	Total No. of Samples taken	Adulterations	Prosecutions	Convictions	Fines
Beef (minced)	24	3	3	3	£7 15 0
Buttermilk	10	1	1	1	£2 0 0
Cream (synthetic)	4	2	2	2	P.O.A.
Cream (whipped)	1	1	1	1	£2 0 0
Sausages	53	3	3	3	£2 10 0
Steak (minced)	4	1	1	1	£3 0 0
Sweetmilk	305	4	4	4	£25 0 0
Table Jellies	41	2	2	Dismissed	..

Cases of Adulteration in which no Legal Proceedings were taken :

Fizz, 1 ; Hydrogen Peroxide, 1 ; Ointment, Boracic, 1 ; Ointment, zinc, 1.

Milk Control.

While Sanitary Officers are empowered to inspect cowsheds, dairies, and milkshops under The Dairies, Cowsheds and Milkshops Order (N.I.), 1935, the occupiers of cowsheds and dairies are required to make such reasonable arrangements in regard to the lighting, ventilation, air space, cleanliness, etc., as may be required by the Ministry of Agriculture.

Approximate Number of Producers of Milk ..	14
Approximate Number of Wholesale Dealers ..	27
Approximate Number of Retail Purveyors ..	1,005
Average number of cows in registered premises ..	265
Number of inspections under the Dairies, Cowsheds and Milkshops Order	1,579
Number of samples of milk taken under Sale of Food and Drugs Acts	307

Particulars of Sweetmilk Samples taken during five years 1946-1950.

Year	Number of Samples taken	Number of Samples Adulterated	Percentage of Samples Adulterated
1946	459	5	1.08
1947	352	7	1.9
1948	353	15	4.24
1949	294	11	3.74
1950	307	4	1.3

Particulars of Bacteriological Examinations.

TEST	Grade of Milk	Number of Samples Examined	RESULT OF TEST			
			Satisfactory		Unsatisfactory	
			Number	Percentage	Number	Percentage
Plate Count	B. Pasteurised	259	253	97.68	6	2.31
Coliform	B. Pasteurised	259	255	98.45	4	1.54
Phosphatase	B. Pasteurised	258	258	100	..	..
Biological	A	49	49	100	.	..
"	B	51	50	98.3	1	1.96
"	B. Pasteurised	1	1	100	..	..

Visits to Shops, Stores, etc., by Food and Drugs Inspectors.

Description of Shops, etc.				Number of Visits
Butchers' Shops	..	..	..	1535
Confectioners	..	..	..	1542
Fish Shops	..	..	..	365
Fruiterers	..	..	..	1698
Grocers' Shops	..	..	..	3555
Hawkers' carts	..	..	..	575
Ice Cream Shops	..	..	..	1954
Markets	..	..	..	120
Meat Factories	..	..	..	109
Pork Stores	..	..	..	19
Provisions Shops	..	..	..	1377
Restaurants	..	..	..	1198
Wholesale Stores	..	..	..	419
Milk Shops	..	..	..	1470
Fried Fish Shops	..	..	..	1689
Cold Stores	..	..	..	1
Restaurants	..	..	..	3
Railway Termini	..	..	..	3

Registration of Factories and Wholesale Premises.

(a) Margarine Factories on register	..	..	Nil
(b) Wholesale dealers in Margarine on register	..	..	78

PUBLIC HEALTH ACTS.

Unsound foodstuffs inspected by the Food and Drugs Inspectors under the above Acts and destroyed or disposed of otherwise than for food of man under their supervision.

Apple Puree	..	43 tins	Spaghetti	..	..	229 tins
Asparagus	..	3 "	Spinach	..	..	5103 "
Baby Food	..	7150 "	Spices	..	..	16 "
Bacon Rashers	..	3 "	Sweet Corn	..	..	24 "
Beetroot	..	3204 "	Syrup	..	..	8 "
Beans	..	1582 "	Tomatoes	..	..	184 "
Chicken	..	1 "	Tomato Puree	..	..	10 "
Chocolate Spread	..	1 "	Tomato Paste	..	..	26 "
Cocoa	..	21 "	Treacle	..	..	2 "
Cockles and Mussels	..	15 "	Vegetables	..	..	8936 "
Coffee	..	29 "	Vegetable Salad	..	..	3 "
Eggs (Dried)	..	13 "	Whale Meat Steak	..	..	6 "
Fish	..	1834 "	Barley Crystals	..	..	7 pkts.
Fish Paste	..	62 "	Bisto	..	..	83 "
Fruit Juice	..	1602 "	Cake Flour Mixture	..	..	206 "
Garden Mint	..	1 "	Cereals	..	..	1911 "
Gravy Powder	..	7 "	Cream of Tartar	..	..	18 "
Jam	..	838 "	Custard Powder	..	..	1 "
Liver Salts	..	5 "	Jellies	..	..	2 "
Macaroni	..	21 "	Mixed Peel	..	..	5 "
Malted Food	..	9 "	Pudding Powder	..	..	8170 "
Marmalade	..	354 "	Salt	..	..	50 "
Meat	..	2258 "	Suet (shredded)	..	..	6 "
Milk	..	3110 "	Sweetphat	..	..	62 "
Mustard	..	2 "	Calves Foot Jelly	..	..	3 jars
Neaves Food	..	2 "	Fruit	..	..	123 "
Onions	..	2 "	Fish	..	..	22 "
Peas	..	3631 "	Honey	..	..	11 "
Pork Brawn	..	66 "	Lemon Cheese	..	..	4 "
Prunes (Dried)	..	1 "	Mayonnaise	..	..	123 "
Puddings	..	160 "	Meat Paste	..	..	853 "
Rabbit	..	3 "	Pickles	..	..	202 "
Sauce	..	331 "	Salad Cream	..	..	416 "
Sausages	..	3 "	Sandwich Spread	..	..	52 "

Tomato Ketchup	..	715 jars	Eggs	..	..	10 doz.
Potato Crisps	..	20 crts.	Oxo	..	..	543 cubes
Salt	..	72 „	Pork sausages	..	..	47 boxes
Bovril	..	4 btls.	Pork Pies	..	..
Essence	..	4 „	Puddings (white)	..	..
Milk of Magnesia	..	2 „	Fowl	..	..	2
Vinegar	..	4 „	Meat Pies	..	..	36
Apples (tinned)	..	8 galls.	Peaches	..	..	30
Corn	..	4 ears	Sugar mice	..	..	39
Dates	..	70 boxes				

				<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Biscuits	..	..	..	—	—	12 $\frac{3}{4}$
Beans (Harricot & Butter)	..	..	..	—	—	16
Barley	..	..	..	—	—	14
Bacon	..	..	..	—	—	31
Beef	..	..	..	1	2	2
Beans	..	..	..	6	2	—
Cake	..	..	..	8	2	24
Confectionery	..	..	..	3	3	1 $\frac{3}{8}$
Corn	..	..	..	12	—	—
Cooking Fat	..	..	..	—	1	2
Dates	..	..	..	1	2	26
Fish	..	..	..	42	2	17
Fruit dried	..	..	..	5	1	23 $\frac{1}{4}$
Flour	..	..	..	1	1	18
Fruit fresh	..	..	..	32	3	5
Fruit (tinned)	..	..	..	—	1	23 $\frac{1}{2}$
Glace Cherries	..	..	..	2	3	5
Jellied Veal (tinned)	..	..	..	—	2	5
Lentils	..	..	..	—	—	15
Liver	..	..	..	—	—	15
Meat	..	..	..	1	3	20 $\frac{5}{16}$
Mutton	..	..	..	—	1	22
Mincemeat	..	..	..	—	—	1
Nuts	..	..	..	—	1	21
Oats (Scotts)	..	..	..	—	—	3
Ox Tail	..	..	..	—	—	1
Onions	..	..	..	15	13	—
Pastry Mixture	..	..	..	18	1	23 $\frac{1}{2}$
Pigs Jowls	..	..	..	2	2	4
Pork Sausages	..	..	..	—	—	12
Peas (dried)	..	..	..	19	—	16
Peanut Butter	..	..	..	—	—	1
Rice	..	..	..	—	—	14
Suet Beef	..	..	..	—	—	7
Sweetened Fat	..	..	..	4	2	20
Semolina	..	..	..	—	—	4
Sago	..	..	..	—	—	10
Sugar	..	..	..	—	2	—
Tapioca	..	..	..	1	3	27
Tea	..	..	..	2	—	13
Tomato Puree	..	..	..	89	3	20
Wheat Meal	..	..	..	—	—	21
Yeast	..	..	..	1	—	7

SALE OF ICE CREAM ACTS (N.I.), 1937 and 1950.

	Manufacture	Manufacture and Sale	Sale only	Total
Total No. of premises on register at 31/12/49	8	218	459	685
Total No. of deletions during 1950	1	24	54	79
Total No. registered during 1950 ..	..	5	61	66
Total No. on register at 31/12/50	7	199	466	672
No. of inspections of registered premises .. ..	..	..	..	1954
No. of Summonses issued for breaches of the Acts, By-Laws and Regulations .. ..	..	..	..	60
No. of samples submitted for bacteriological examination			..	258
No. of samples submitted for chemical examination ..			..	24

Of the 24 samples examined by the Public Analyst, the fat content varied from 1.42% to 12.0%, while the total solids varied from 23.36% to 52.26%. In this connection the Minister of Food has now made The Food Standards (Ice Cream) Order, 1951, prescribing minimum standards of composition for ice-cream ; this Order comes into force on 1st March, 1951.

Particulars of Bacteriological Examinations.

Plate Count (258 samples) :

Organisms per Millilitre	Number of Samples	Percentage of total Samples
200,000 or under	211	81.78
Over 200,000 and under 500,000 ..	16	6.20
Over 500,000 and under 1,000,000..	8	3.10
Over 1,000,000	23	8.91

Coliform Test (258 samples) :

B. Coli	Number of Samples	Percentage of total Samples
Absent in 1 millilitre	193	74.8
Present in 1 millilitre	14	5.42
Present in 1/10 millilitre	11	4.26
Present in 1/100 millilitre	12	4.65
Present in 1/1000 millilitre	28	10.85

REGISTRATION OF BUTCHERS' SHOPS.

Belfast Corporation Act, 1930, Section 43.

Total No. of premises on register as at 31/12/49 ..	375
Total No. of registrations during 1950	16
Total No. of deletions during 1950	12
Total No. of premises on register as at 31/12/50 ..	379
No. of inspections of registered premises	1535
No. of breaches of By-Laws	Nil

REGISTRATION OF PREMISES USED FOR THE BUSINESS OF VENDORS OF FRIED FISH OR FRIED POTATOES.

Belfast Corporation (General Powers) Act, 1948, Section 25.

The Registration of Vendors of Fried Fish or Fried Potatoes (Belfast) Order (N.I.), 1950, made by the Ministry of Health and Local Government on the 20th June, 1950, directs that on and after 1st July, 1950, any premises used or proposed to be used for the business of a vendor of fried fish or fried potatoes shall be registered by the owner or occupier thereof with the Corporation from time to time in such manner as the Ministry shall direct. On the 28th August, 1950, the said Ministry confirmed By-Laws in connection with premises used for the business of a vendor of fried fish or fried potatoes. The provisions of these By-Laws will necessitate structural and other alterations in many premises and reasonable time is being allowed in order to enable same to be carried out, with the result that the number of premises recommended to the Health Committee for registration up to 31/12/50 is a small percentage of the total premises used for this business.

Total No. of premises registered during 1950	..	42
Total No. of inspections	.. ..	1689

RODENT CONTROL.

Rats and Mice (Destruction) Act, 1919.

Number of surveys made of lands and premises	..	3102
Number of re-visits and re-inspections	.. ..	2951
Total	..	6053
Number of Lands, premises, etc., found infested	..	318

Number of poison campaigns carried out by Rodent Control Officer on request of occupiers who undertook to pay costs:—

Primary campaigns	.. ..	96
Secondary campaigns	.. ..	59

Campaigns carried out in schools and school kitchens on request of Director of Education:—

Primary campaigns	.. ..	4
Secondary campaigns	.. ..	2
Total	..	161

Number of premises wherein the occupier undertook to eliminate rats or mice on verbal notice under the Act:—

(a) Action carried out by rat destruction firms	..	69
(b) Action carried out by occupiers	.. ..	149
Total	..	218

Number of premises where rat-proofing or other works were carried out to prevent infestation:—

(a) Major works	.. ..	5
(b) Lesser works	.. ..	62
Total	..	67

Number of drainage systems tested by Rodent Control Officer

Total number of notices served under Rats and Mice (Destruction) Act	21
--	-------	----

Number of Summonses issued under Rats and Mice (Destruction) Act

Action taken by District Sanitary Officers re rat complaints:

Number of premises where drains were tested ..	336
Number of premises where drains were defective on test	165

CO-OPERATION WITH OTHER CORPORATION DEPARTMENTS.

City Surveyor:

Rat Destruction campaigns in City sewerage system..	47
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Director of Education:

See above.

MOSQUITO CONTROL.

From April until the end of September a temporary staff was employed for this work under the supervision of the Rodent and Insect Pests Control Officer. The principal types of mosquitoes identified were *Aedes Detritus*, *Culex Pipiens* and *Theobaldia Annulata*.

Number of surveys of mosquito breeding places ..	268
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INSECTS OTHER THAN MOSQUITOES.

Number of visits to premises for ascertaining infestation:—

Bedbugs	18
Cockroaches	11
Others	154
Number of re-visits to premises	6
Number of visits for purpose of treating premises with insecticides	16

Analysis of Legal Proceedings for Year 1950.

	Summonses	Orders	Fines £ s. d.
<i>Under Public Health Acts:</i>			
Abatement of Nuisances	1209	45	11 12 0
By-Laws under Section 23	75	—	0 10 0
Disobedience of Magistrates' Orders	4	—	19 12 0
<i>Belfast Corporation Acts:</i>			
Failed to supply bin	8	—	—
<i>Vaccination (Ireland) Acts</i>	4	—	2 0 0
<i>Sale of Food and Drugs Act:</i>	8	—	13 0 0
<i>Merchandise Marks Act:</i>			
Imported raw tomatoes not bearing an indication of origin	74	—	43 5 0
False trade description	3	—	9 0 0
Imported fresh apples not bearing indication of origin	6	—	2 15 0
<i>Conveyance of Meat By-Laws</i>	8	—	12 10 0
<i>Public Health (Preservatives, etc., in Food) Regulations 1927</i>	9	—	12 5 0

	Summonses	Orders	Fines		
			£	s.	d.
<i>Under Public Health (Prevention of Contamination of Food) Regulations (Northern Ireland):</i>					
Stored or prepared food in room used as sleeping place	18	—	17	10	0
Failed to take precautions to prevent contamination of food	22	—	32	0	0
Food stored in room communicating directly with sanitary convenience	3	—	11	0	0
Food liable to be contaminated by animals	35	—	37	6	0
Cleanliness of premises	15	—	42	10	0
Failed to secure the cleanliness of the clothing of all persons employed	1	—	5	0	0
Failed to secure the cleanliness of your person	4	—	10	0	0
<i>Public Health (Ireland) Act, 1878</i>					
<i>Public Health (Amendment) Act, 1890:</i>					
Sell food unfit for food of man and which food subsequently destroyed by order of R.M.	1	—	2	0	0
<i>Under Ice Cream Act (N.I.), 1937:</i>					
Selling ice-cream not conforming to standards	33	—	77	10	0
Premises not registered	9	—	10	10	0
Failed to protect ice-cream from contamination	4	—	2	5	0
Failed to protect ingredients from contamination	6	—	10	10	0
Failed to cleanse utensils	1	—	2	0	0
Failed to have name and address legibly inscribed	2	—	2	0	0
Permit materials to be stored in yard where there is ventilator or drain	4	—	5	0	0
Failed to wear a clean overcoat or overall of white washable material	1	—	1	0	0
<i>Food Standards (General Provisions) Order 1944, etc.</i>					
	1	—	1	0	0
<i>Under Factories Acts (N.I.) 1938 and 1949 ..</i>					
	5	—	35	5	0

W. J. HARRIS, M.S.I.A.,
Executive Sanitary Officer.

RAINFALL IN INCHES FOR THE YEAR.

	1949	1950
January	3.72	2.27
February	2.13	4.27
March	3.16	1.83
April	2.46	5.35
May	2.22	1.76
June .. ..	.62	2.52
July	3.20	6.08
August	4.34	6.07
September	3.37	7.97
October	5.63	3.24
November	3.77	3.11
December	5.50	3.53
	40.12	48.00

REPORT OF THE CITY VETERINARIAN FOR THE YEAR 1950

Report on the work at the Belfast Municipal Abattoir in connection with the Ante-Mortem and Post-Mortem examinations of animals slaughtered for human food.

TABLE 1

Showing by months the number and description of animals slaughtered during the year.

1950	Cows	Heifers	Bulls	Bullocks	Calves	Sheep and Lambs	Goats	Pigs
January	1,622	707	62	2,629	360	7,497	37	1,452
February	1,589	631	95	1,886	450	2,028	37	1,508
March	1,592	455	56	1,493	994	1,313	51	1,359
April	987	345	75	1,143	385	1,884	28	1,422
May	912	203	77	705	126	10,038	26	1,233
June	1,093	363	76	1,307	79	14,870	70	1,261
July	1,234	455	79	1,744	233	11,550	25	1,120
August	1,317	367	56	1,646	684	16,210	45	1,057
September	1,789	496	66	1,965	1,981	14,162	79	1,126
October	4,030	494	85	1,802	4,149	14,194	50	1,002
November	3,638	412	40	2,099	3,113	12,344	116	1,173
December	3,233	324	26	1,948	2,443	8,943	316	980
TOTALS	23,036	5,252	793	20,367	14,997	115,033	880	14,693

Compared with the year 1949, Cattle show an increase of 6,631; sheep and lambs a decrease of 214; pigs an increase of 5,733 and goats a decrease of 2,332.

TABLE 2

Showing the number of carcasses condemned from all causes during the year 1950 as being unsound and unfit for human food, as compared with the year 1949

SPECIES	1950	1949
Cows	1,030	694
Heifers	65	54
Bulls	9	8
Bullocks	48	66
Calves	1,272	575
Sheep and Lambs	289	163
Goats	7	94
Pigs	245	168
TOTALS ..	2,965	1,822

The percentage of carcasses condemned from all causes at the Public Abattoir during the year 1950 was 1.52 per cent.

TABLE 3

Showing the different diseased conditions which involved seizure and total destruction of carcasses in the Public Abattoir during the year 1949

	CATTLE					Sheep	Goats	Pigs	Total
	Cows	Heifers	Bulls	Bullocks	Calves				
Anæmia .. ..	..	1	..	..	..	2	..	3	6
Arthritis .. ..	..	..	..	..	..	..	..	3	3
Caseous Lymphaditis ..	..	..	..	..	..	1	..	..	1
Cysticercus Bovis	1	..	..	..	..	..	..	..	1
Decomposed .. ..	..	..	..	..	..	2	..	1	3
Dropsical and Emaciated	199	2	2	6	465	140	7	41	862
Enteritis	1	..	..	..	1	..	..	9	11
Fevered	57	10	..	5	399	72	..	57	600
Fibrosis .. ..	..	..	..	..	..	..	..	..	..
Gangrene	7	4	..	2	..	2	..	2	17
Injured	47	6	..	..	3	18	..	10	84
Immature .. ..	..	..	..	..	319	..	..	1	320
Jaundice	3	..	..	..	8	2	..	..	13
Joint Ill .. ..	..	..	..	..	42	..	..	..	42
Melanosis .. ..	..	..	..	..	..	1	..	..	1
Neoplasms	7	..	..	..	..	..	..	1	8
Navel Ill .. ..	..	..	..	..	10	..	..	..	10
Pericarditis	1	..	..	1	..	1	..	2	5
Pleurisy or Peritonitis ..	11	..	..	1	2	5	..	14	33
Pyæmia	4	..	..	1	2	3	..	10	20
Red Water	8	5	..	2	..	..	..	..	15
Rheumatism .. ..	..	..	..	..	..	..	..	..	..
Septicæmia	20	6	..	3	..	14	..	21	64
Septic Mastitis	74	..	..	..	..	1	..	1	76
Septic Metritis	8	1	..	..	..	4	..	3	16
Septic Nephritis	3	..	..	..	..	..	..	1	4
Septic Pneumonia	7	1	..	..	..	19	..	13	40
Swine Erysipelas .. ..	..	..	..	..	..	..	..	1	1
Tetanus .. ..	..	..	..	..	..	..	..	..	..
Tuberculosis	568	29	7	27	21	..	..	50	702
Uræmia	4	..	..	..	..	2	..	1	7
	1030	65	9	48	1272	289	7	245	2,965

In addition to the above summary, there were 56 tons, 17 cwt., 0 qrs., 20 lbs. of Beef; 27 cwts., 3 qrs., 3 lbs., of Mutton; and 63 cwts., 0 qrs., 12 lbs., of Pork seized as being unsound and unfit for human food.

TABLE 4

Showing comparison between Tuberculosis and other diseases as causes of condemnation of carcasses of animals slaughtered at the Public Abattoir during the year 1949.

TUBERCULOSIS

	CATTLE			Sheep Lambs	Goats	Pigs	Total
	Cows	Other Cattle	Calves				
Total Seizure	568	63	21	..	..	50	702
Partial Seizure	672	204	..	..	..	2	878
Total and Partial	1240	267	21	..	..	52	1,580

OTHER DISEASED CONDITIONS

	CATTLE			Sheep Lambs	Goats	Pigs	Total
	Cows	Other Cattle	Calves				
Total Seizure	462	59	268	289	7	195	1,280
Partial Seizure	5,582	1,038	2	526	4	536	7,688
Total and Partial	6,044	1,097	270	815	11	731	8,968

It will be seen from the above table that tuberculosis in cattle is a most fruitful source of total seizure, accounting for about 31 per cent. of the seizures, as compared with other diseased conditions.

TABLE 5

Showing the percentage by age periods of the animals slaughtered and condemned at the Public Abattoir as suffering from tuberculosis.

SPECIES	BY AGE							
	From one month to one year	Per Cent.	One to three years	Per Cent.	From three to six years	Per Cent.	Over six years	Per Cent.
Cows .. ..	..	..	..	..	..	..	568	100
Heifers .. ..	..	..	24	82.75	5	17.24	..	..
Bullocks	1	3.70	1	3.70	23	85.14	2	7.47
Bulls .. ..	..	..	..	..	1	14.28	6	85.71
Pigs	50	100	..	..	..	..	..	..
Calves	21	100	..	..	..	..	..	..

TABLE 6

Showing the percentage by condition of the animals slaughtered and condemned at the Public Abattoir during the year as suffering from tuberculosis.

SPECIES	BY CONDITION							
	Good		Fair		Indifferent		Poor	
	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
Cows	3	.52	73	12.85	383	67.32	109	19.18
Heifers	27	93.10	1	3.44	1	3.44
Bulls	7	100	..	..
Bullocks	22	81.48	5	18.52	..	..
Calves	21	100	..	..
Pigs	50	100	..	..	..	..

TABLE 7

Showing the number of Diseased Organs seized and destroyed during the year 1950 as being unsound and unfit for human food (the figures for the preceding year are given for comparison).

					1950	1949	Increase	Decrease
BEEF:—								
Heads	..	..	..	..	1,050	938	112	..
Tongues	..	..	..	..	1,049	929	120	..
Hearts	..	..	..	..	733	704	29	..
Lungs	..	..	..	..	5,876	5,646	230	..
Livers	..	..	..	..	24,507	12,109	12,396	..
Stomachs	..	..	..	..	1,226	1,122	104	..
Udders	..	..	..	..	6,013	3,922	2,091	..
Mesenteries & Intestines	..	..			1,172	1,136	36	..
Omentum	..	..	..	..	1,172	1,136	36	..
Diaphragm		..	..	..	12	15	..	3
Kidneys	..	..	..	..	53	62	..	9
MUTTON:—								
Hearts	..	..	..	..	16	48	..	32
Lungs	..	..	..	..	996	680	316	..
Liver	..	..	..	..	9,915	17,705	..	7,790
Kidneys	..	..	..	..	14	18	..	4
PORK:—								
Heads	..	..	..	..	457	284	173	..
Tongues	..	..	..	..	457	284	173	..
Hearts	..	..	..	..	276	104	172	..
Lungs	..	..	..	..	417	215	202	..
Liver	..	..	..	..	560	406	154	..
Kidneys	..	..	..	..	84	104	..	20
GOAT:—								
Liver	..	..	..	..	115	312	..	197
Kidneys	..	..	..	..	..	..	..	..

The above does not include the viscera of animals totally destroyed.

TABLE 8

Showing percentage incidence of generalised tuberculosis in animals slaughtered at the Public Abattoir during the year 1950. The percentage for the previous year is given for comparison.

					1950	1949
Cows	..	..	..		2.46	2.90
Other Cattle	..	..	..		.23	.25
Cattle (all classes)	..	..			1.27	1.24
Calves	..	..	..		.14	.13
Pigs	..	..	..		.34	.15

TABLE 9

Table showing the amount of Beef, Mutton, Pork, etc., presented by the prevention officers of the Ministry of Food and others for examination at the Abattoir.

BEEF—Sides examined, 62 ; seized and destroyed, 8 ; Quarters examined, 85 ; seized and destroyed, 9 ; Cuts examined, 128 ; seized and destroyed, 50.

MUTTON—Carcases examined, 40 ; seized and destroyed, 19.

PORK—Carcases examined, 4,633 ; seized and destroyed, 487.

VEAL—Carcases examined, 1 ; seized and destroyed, 1.

FOWL—Fowl examined, 957 ; seized and destroyed, 957.

TINNED MEATS—Tinned Meats examined, 757 ; seized and destroyed, 701.

TOMATO PUREE—1,139 tins examined ; seized and destroyed, 1,139.

FISH AND FOWL MARKETS

Seized or Surrendered

8 cwts. 0 qrs. 14 lb. of Herrings, Kippers, etc.

CYSTICERCUS BOVIS

During the year cysticercus bovis infections were shown to be present to the extent of 1.19 per cent of all bovines slaughtered at the Abattoir.

I am of the opinion that this incidence of infestation is probably a good deal higher as one is limited to the number of incisions made in routine inspections.

The distribution of the parasite has been found to be as follows :—

80 per cent external masseter muscles.

17 per cent both external and internal masseter muscles.

3 per cent left internal masseter muscle only.

This parasite is of great importance from a meat inspection aspect as it is communicable to man if the meat is eaten in a raw or improperly cooked state, giving rise to the tape worm "*Tænia Saginata*."

SERVICES RENDERED TO OTHER DEPARTMENTS

During the year, a general supervision of the health of the animals of the several Committees of the Corporation was exercised. Fortunately most of the work during the year was in the nature of preventive medicine.

ABATTOIR

There are no private Slaughter Houses in the city, so that all animals to be slaughtered in Belfast for human consumption must be brought to the Public Abattoir.

The Abattoir is situated in Stewart Street, adjacent to the Cattle Market and Cattle Yards.

The Slaughter of Animals Act (N. Ireland), 1932, makes it compulsory for all animals slaughtered for human food to be stunned by means of a mechanically-operated instrument and rendered insensible to pain until death supervenes.

The Abattoir is designed so that the slaughter of cattle, sheep, and pigs is carried out in three different departments. The lairages for the different animals are quite convenient to the killing booths, yet the animals cannot see their fellows being slaughtered. The cooling halls are situated quite close to the slaughter halls and all carcasses can be easily conveyed there by means of an overhead rail system.

The cattle slaughter halls are a combination of the open halls and booth system.

The sheep unit consists of two extensive slaughter halls with lairages and cooling halls attached.

The pig unit is equipped with a singeing plant for those users engaged in the Wiltshire Trade.

An extensive cold storage plant is attached to the Abattoir, and during the summer months this is utilised to a great extent by the trade.

According to the By-Laws, all persons employed in the slaughtering and dressing of animals must be licensed and during the year 72 such licences were issued.

All the larger animals at the Abattoir are stunned by means of a Cash Captive Bolt Gun prior to bleeding, and in the case of smaller animals an electrical apparatus known as an Electrolethaler is used.

To my staff for their loyal support and manner in which they carried out their duties at all times, I say, thanks.

ALEX. McLEAN, B.Sc., M.R.C.V.S., D.V.H.
City Veterinarian and Manager of Abattoir.

REPORT OF SENIOR MEDICAL OFFICER, MATERNITY AND CHILD HEALTH DIVISION, FOR THE YEAR 1950

NOTIFICATION OF BIRTHS ACT

The total number of births notified as occurring in the area during the year was 10,679, and in addition 13 were either discovered by Health Visitors or notified by the Registrars of Births, making a total of 10,692. Of these 5,500 were males, 5,188 were females, 4 sex unknown and 308 were stillbirths.

These were classified according to the nature of attendance at confinement as follows :—

In Hospitals	..	..	..	5590
In Private Nursing Homes	..	..	..	749
In other Institutions	..	..	..	115
At Home	..	..	..	4017
At Home (Hosp. Dist. Cases)		..	..	221

INFANT MORTALITY

During the year 431 children died under the age of 12 months giving an infant mortality rate of 49, which is the second lowest recorded for the City ; the rate for the previous year was 56. The lowest rate (45) was that for the year 1948, when good climatic conditions and absence of epidemics made conditions especially favourable to the nurture of young children.

Broncho-pneumonia during cold spells was the cause of a considerable number of the deaths during the year. There was a marked reduction in the number of deaths from gastro-enteritis, which may have been partially due to the prolonged cold spell during the summer giving rise to less bacterial contamination of the food of artificially fed infants.

Prematurity, diarrhoea and enteritis, pneumonia, broncho-pneumonia and bronchitis accounted for 53.8 per cent of the infant mortality rate. Table A shows the number of deaths from these conditions and the death rate per 1,000 registered births during the past ten years.

Table B shows the infant mortality grouped according to causes and sex.

Table C shows the infant mortality by age groups.

NEO-NATAL MORTALITY

Deaths occurring during the first month of life numbered 224 giving a neo-natal rate for the year of 25. The rate for the previous year was 26.

MATERNAL MORTALITY

The number of women who died from pregnancy, childbirth and the puerperal state during the year was 6, giving a maternal mortality rate of 0.68 per 1,000 live births, a very satisfactory figure, and the lowest recorded for the City. The previous lowest, that for the year 1949, was 0.87. It is noteworthy that none of the deaths was due to infection.

Table D shows the maternal mortality per 1,000 live births analysed according to the cause of death.

HEALTH VISITING

Thirty-eight Health Visitors were employed at the end of the year, a considerable number below our establishment. There is much difficulty in obtaining a sufficient number of suitable applicants for this work, as other branches of nursing which now hold out better conditions of employment seem more attractive. Home visits still constitute the most important part and the bulk of the Health Visitors' work, and the numbers of such visits paid during the year were as follows :—

1. To expectant mothers : First visits, 715 ; Revisits, 902 ; Total, 1,617.
2. To children under one year of age : First visits, 8,926 ; Revisits, 50,888 ; Total, 59,814.
3. To children between 1 and 5 years : Total 30,957.

Liaison was maintained with the Welfare Authority to ensure that registered foster-mothers received adequate health visitation as to the infants in their care.

ANTE NATAL CLINICS

Patients attending these centres are now mainly those whose confinements are taking place in Hospital. Liaison is maintained with the hospital, and information as to blood tests, etc., passed on. In addition to the routine talks by the Health Visitors at the Clinics on antenatal care, infant hygiene and mothercraft, special classes have been organised by the Assistant Nursing Officers for young expectant mothers having their first baby, and the instruction given at these classes has been much appreciated.

Clinics and Attendances

			1st Visit	Re-Visits
Spier's Place, Shankill Road (Monday)	..	..	134	1009
Grovefield School, Mount Street..	..	..	176	808
Mersey Street Church Hall	..	..	97	618
Mountcollyer Street	..	..	109	450
Spier's Place, Shankill Road (Wednesday)	..	..	171	734
Oldpark Unionist Hall, Avoca Street	..	..	134	717
St. Paul's Hall, Hawthorne Street	..	..	163	732
Foresters Hall, Divis Street	..	..	64	249
			<hr/> 1048	<hr/> 5317

CHILD WELFARE CENTRES

The number of sessions provided at the end of the year was 27. A new Maternity and Child Health Centre was officially opened in Ariel Street by the Rt. Hon. Dame Dehra Parker, D.B.E., Minister of Health and Local Government. It will be a great asset in a densely populated part of the City.

The members of the Voluntary Workers' Association continued to give valuable assistance, and we would again like to take the opportunity of recording our appreciation of their continued interest and help in this part of our work.

Centres and Attendances

	Under 1 year	Over 1 year
Ariel Street (Monday)	2,110	496
Co-operative Hall, Frederick Street	2,060	731
St. Donard's Church Hall, Bloomfield Road	3,339	822
St. Aidan's Hall, Donegall Road (Monday)	2,463	661
do. (Tuesday)	3,858	1,567
Mersey Street Mission Hall	2,931	609
St. Paul's Hall, Hawthorne Street	3,527	1,540
Ariel Street (Tuesday)	2,543	828
Havelock Place Mission Hall	2,849	1,081
Glenard Mission Hall	2,940	546
Grovefield School, Mount Street (Wednesday)	3,954	1,257
Seaview Church Hall, Shore Road	2,703	1,410
Oldpark Unionist Hall, Avoca Street (Wednesday)	1,915	336
Foresters Hall, Divis Street (Wednesday)	2,162	677
Ligoniel Mission Hall	1,861	476
Mountcollyer Street	3,254	1,224
Westbourne Church Hall, Susan Street	3,333	1,670
Kimberley Street Hall	3,117	713
Oldpark Unionist Hall, Avoca Street (Thursday)	4,186	795
Joanmount (Eglinton Presbyterian Church Hall)	1,608	427
St. John's Parochial Hall, Greencastle	2,053	719
Spier's Place, Shankill Road (Thursday)	2,409	614
do. (Friday)	2,915	829
Sydenham, Strandtown Unionist Hall	4,942	1,219
Foresters Hall, Divis Street (Friday)	3,003	1,010
Grovefield School, Mount Street (Friday)	4,097	1,742
Ariel Street (Friday)	1,322	380
TOTAL ATTENDANCES ..	77,454	24,379

HOME HELP SCHEME

Maternity cases still constitute by far the greater part of our Home Help work. During the year expectant mothers and mothers of children under 5 years were again the categories mainly assisted, these being regarded as having prior claim on the available staff. A number of Home Helps were employed on a special panel for tuberculosis cases referred by the Northern Ireland Tuberculosis Authority, the Authority recouping the Health Committee for the expenses incurred.

- (a) No. of Home Helps employed at the end of year :
I. Whole-time, 106. II. Part-time, 19.
- (b) No. of cases attended during the year :
I. Maternity, 763. II. Others, 274. Total, 1,037.

MOTHER AND BABY HOMES (Ante and Post-Natal Hostels)

Name and address of Home or Hostel	NUMBER OF BEDS						Average length of stay	
	Ante- Natal	Post Natal	Labour	Isola- tion	Maternity (excluding labour and isolation)	Cots	Ante- Natal	Post Natal
(a) Hopedene	3	13	—	1	3	13	6 weeks	10 months
(b) Thorndale	7	31	2	2	17	17	5 weeks	18 weeks

The total number of city cases admitted during the year to these hostels was 23.

These hostels are in receipt of a grant from the Health Committee.

RESIDENTIAL NURSERIES

Name and address of Nursery	Whether long stay or short stay	Number of Beds provided at the end of year				
		Aged 0-9 mths.	10 mth.-2 years	Aged 2-5	Girls over 5	Boys over 5
Glendhu Hostel Holywood Road (A voluntary Hostel in receipt of a grant from the Health Committee.)	Short stay	5	3	11	2	1

189 children resident in Belfast were admitted to the Hostel during the year.

COMMUNICABLE DISEASES

	(1) Ophthalmia Neonatorum		(2) Pemphigus Neonatorum		(3) Puerperal Fever		(4) Puerperal Pyrexia	
	Dom. Confinements	Instit. Confinements	Dom. Confinements	Instit. Confinements	Dom. Confinements	Instit. Confinements	Dom. Confinements	Instit. Confinements
Number of cases NOTIFIED during year	5	4	..	..	1	4	4	45
Number of cases visited by Officers of the Local Authority	5	4	..	..	1	4	4	35
Number of cases removed to hospitals .. .. .	..	..	..	..	..	..	..	..

In all of the above cases of Ophthalmia Neonatorum the vision appeared to be unimpaired at the end of treatment.

DOMICILIARY MIDWIVES

	Domiciliary Midwives	No. in Inst. other than Hospitals	Midwives in Hosps.	Midwives in Nsg. Homes	Total
1. Total number of Midwives practising at the end of the year in the area of the Local Supervising Authority ..	140	7	94	16	257
(a) Employed by the Local Supervising Authority (Part Time)	71	..	..	..	..
(b) Solely in private practice	69	..	..	..	..

Number of cases in which medical aid was summoned during the year under Section 22 of the Midwives (Ireland) Act, 1918, by a midwife:—

(I) For domiciliary cases, 66; (II) For cases in institutions other than hospitals, 19; total, 85.

Two midwives were suspended for short periods during the year in order to prevent the spread of infection.

REGISTRATION OF NURSING HOMES

	Number of Homes	Number of beds provided for:—		
		Maternity	Dual Purposes	Total
Homes first registered during the year	1	..	..	..
Homes on the register at the end of the year	26	90	112	202

Action during 1950

Number of applications for registration refused	..	—
Number of exemptions granted	.. ..	—
Number of exemptions withdrawn	.. ..	—
Number of registrations cancelled	.. ..	1
Number of appeals by aggrieved persons to a Court of Summary Jurisdiction	.. .. ..	—
Number of cases in which fines were imposed	..	—
Number of inspections	.. .. ..	373
Number of registered homes not inspected	..	—

The inspections during the year were made by the Assistant Medical Officer, the Superintendent Nursing Officer and the Assistant Superintendent Nursing Officers.

In conclusion I would again like to express my indebtedness to all members of the staff of the Division for their enthusiasm and co-operation during the year ; their work maintained the usual high standard and is reflected in the satisfactory figures presented throughout the report.

H. A. WARNOCK, M.D., B.Sc., D.P.H.,
Senior Medical Officer.

TABLE A

Showing the number of Deaths of Infants under one year from Prematurity, Diarrhoea and Enteritis, Pneumonia, Broncho-Pneumonia, and Bronchitis.

	1941		1942		1943		1944		1945		1946		1947		1948		1949		1950	
	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births
Prematurity ..	159	18.96	187	19.36	240	22.40	211	20.18	155	15.73	132	12.78	107	10.19	118	12.11	126	13.72	107	12.11
Diarrhoea and Enteritis ..	173	20.64	155	16.05	287	26.79	178	17.02	166	16.85	112	10.84	105	10.00	61	6.26	101	11.00	37	4.19
Pneumonia ..																				
Broncho-Pneumonia ..	127	15.15	188	19.46	247	23.06	171	16.35	154	15.63	129	12.49	167	15.90	80	8.21	88	9.58	88	9.96
and Bronchitis ..																				

TABLE B

Infant Mortality by Causes and Sex

CAUSES OF DEATHS	Under 1 Month				1-11 Months			Total under 1 Year	
	Males	Females	Total	Rate per 1,000 live births	Males	Females	Total	No.	Rate per 1,000 live births
Tuberculosis of Respiratory System	—	—	—	—	—	1	1	1	0.11
Tuberculosis, other Forms	—	—	—	—	—	2	2	2	0.22
Syphilis and its sequelae	—	—	—	—	1	—	1	1	0.11
Scarlet Fever and Streptococcal sore throat ..	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	1	1	1	0.11
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	2	7	9	9	1.02
Meningococcal Infections	—	—	—	—	2	1	3	3	0.34
Acute Poliomyelitis	—	—	—	—	1	2	3	3	0.34
Measles	—	—	—	—	1	1	2	2	0.22
Other Infectious and Parasitic Diseases	—	—	—	—	1	—	1	1	0.11
Diabetes Mellitus	—	1	1	0.11	—	—	—	1	0.11
Nonmeningococcal Meningitis	—	1	1	0.11	1	—	1	2	0.22
Influenza	—	—	—	—	—	1	1	1	0.11
Pneumonia	—	—	—	—	44	38	82	82	9.28
Bronchitis	—	—	—	—	5	1	6	6	0.67
Intestinal Obstruction and Hernia.. ..	1	—	1	0.11	4	—	4	5	0.56
Gastritis, Duodenitis, Enteritis and Colitis, except Diarrhoea of the new born	—	—	—	—	15	19	34	34	3.84
Cirrhosis of Liver	1	—	1	0.11	—	—	—	1	0.11
Nephritis and Nephrosis	—	—	—	—	—	1	1	1	0.11
Congenital Malformations	14	14	28	3.17	10	7	17	45	5.09
Birth Injury, Postnatal Asphyxia and Atelectasis	—	—	—	—	—	—	—	—	—
(a) with prematurity	22	11	33	3.73	—	—	—	33	3.73
(b) without prematurity	24	17	41	4.64	1	1	2	43	4.86
Infections of New-born	—	—	—	—	—	—	—	—	—
(a) with prematurity	2	1	3	0.34	—	—	—	3	0.34
(b) without prematurity	9	4	13	1.47	—	—	—	13	1.47
Other Diseases peculiar to Early Infancy	—	—	—	—	—	—	—	—	—
(a) with prematurity	35	33	68	7.69	3	—	3	71	8.03
(b) without prematurity	14	6	20	2.26	3	1	4	24	2.71
Ill-defined and Unknown Causes	2	1	3	0.34	1	1	2	5	0.56
All other Causes	2	5	7	0.79	10	9	19	26	2.94
Benign and unspec. neoplasms.. ..	—	—	—	—	1	—	1	1	0.11
All other Accidents	2	2	4	0.45	3	4	7	11	1.11

TABLE C

Infant Mortality (By Age Groups)

Sex	Under 1 day	1 day and less than 7 days	1-4 weeks	1-2 months	2-3 months	3-6 months	6-12 months	Total	Deaths of Illegitimate children
Males ..	54	52	22	21	19	40	29	237	8
Females ..	44	33	19	18	17	40	23	194	14
Total ..	98	85	41	39	36	80	52	431	22

TABLE D

Showing the Maternal Mortality Rate per 1,000 live births analysed according to the cause of death.

<i>Cause of Death</i>	<i>No. of Deaths</i>	<i>Rate per 1,000 Live Births</i>
Toxaemia of Pregnancy	1 ..	0.11
Delivery complicated by Placenta Praevia or Ante Partum Haemorrhage ..	1 ..	0.11
Delivery complicated by Retained Placenta	1 ..	0.11
Delivery complicated by other Post Partum Haemorrhage	1 ..	0.11
Delivery with other complications of childbirth	1 ..	0.11
Puerperal Phlebitis and Thrombosis ..	1 ..	0.11

TABLE E

Showing the Deaths of Children under one year old per 1,000 births each year from 1931-1950

YEAR	Deaths per 1,000 Births	YEAR	Deaths per 1,000 Births
1931	90	1941	91
1932	111	1942	92
1933	102	1943	111
1934	80	1944	89
1935	112	1945	84
1936	101	1946	61
1937	94	1947	60
1938	96	1948	45
1939	85	1949	56
1940	122	1950	49

HOME NURSING SERVICE

DISTRICT	Cases Attended	Convalescent	Died	Removed to Hospital or Country	Cases removed from Books	Equipment Loans	No of Visits	Tubercular Cases	Cancer Cases	Diabetic Cases	Gynaecological Cases	Pneumonia Cases	Surgical Cases	Medical Cases	On Books 31st December, 1950
Cronac	173	116	27	16	13	16	5,028	4	8	4	0	10	18	139	21
Sandy Row	165	87	27	21	7	19	3,732	3	7	2	1	26	16	110	22
Springfield	122	55	20	20	1	37	4,586	6	7	5	0	5	13	86	26
Falls	98	46	14	14	4	15	4,535	4	6	12	2	0	22	52	20
St Anne's	305	63	40	16	0	7	5,929	8	9	11	1	2	9	182	31
Crumlin Road	176	88	30	31	26	20	4,368	4	9	5	1	5	46	106	26
Ballymacarrett	193	101	37	32	27	17	5,347	9	21	2	1	22	11	127	26
Castlereagh	96	74	20	11	6	10	3,550	1	7	2	1	11	33	41	20
Ligoniel	416	67	20	17	16	71	3,494	30	9	2	3	10	98	270	23
Markets	163	87	30	16	9	27	4,793	4	12	7	2	3	36	99	22
New Lodge	108	32	22	18	5	16	4,888	4	8	7	3	2	7	77	29
Sandy Row Auxiliary	196	103	30	23	1	15	6,823	6	12	9	0	8	49	112	39
Ballymacarrett Auxiliary	142	76	30	11	5	14	5,278	6	10	10	3	3	27	83	20
Stranmillis	87	53	11	12	1	4	2,395	1	0	2	2	8	28	44	18
Greencastle	133	97	21	18	2	20	5,052	2	6	8	1	9	22	85	20
Smithfield	113	34	22	14	3	17	6,659	1	12	15	2	13	26	87	39
Falls Auxiliary	85	29	22	16	1	49	4,309	3	7	7	2	10	11	45	17
Donegall Road	332	249	25	18	3	43	5,425	8	6	5	0	12	56	245	37
Springfield Auxiliary	84	24	27	13	2	20	5,074	2	6	8	0	2	8	58	22
Cavehill	128	67	29	13	8	5	3,912	1	14	1	1	3	12	96	11
Knock	96	33	25	11	13	2	3,625	1	10	1	0	5	19	61	14
Castlereagh Auxiliary	103	56	27	17	3	7	4,483	2	5	9	0	4	4	79	25
Antrim Road	261	47	20	13	2	8	12,180	3	3	4	1	6	20	43	23
Bloomfield	73	23	10	5	1	7	1,410	2	11	2	0	12	13	33	34
Ligoniel Auxiliary	97	51	15	10	1	15	3,023	4	8	4	1	6	15	59	16

REPORT OF THE SENIOR MEDICAL OFFICER, SCHOOL HEALTH DIVISION, YEAR 1950

During the past year we did not expect any new development in the Service to take place. We were still adjusting ourselves to the changes brought about by the coming into operation of the Health Services Act. When there are alterations in our procedure or methods of working these should be put into operation at the beginning of a year. Thereby one would have the longest time and better view point from which to assess the value of any change. Actually one such change has occurred, this being the medical and dental inspection of the pupils in voluntary schools outside our schemes. This report, therefore, is the first in which are given the results of the examination of scholars in all the grant-aided schools in the Borough. So far as has been possible, comparable figures are given for the different types of school.

The provision of any specialised services such as Physiotherapy or Speech Therapy cannot be adequately developed unless it is possible to bring these as close as possible to the scholars concerned. Depending as they do upon work carried out in short sessions, possibly only once or twice weekly, it is essential that the pupils should be able to go quickly to and from each centre, with the minimum loss of school time, otherwise we will lose the co-operation of the teachers. It is hoped that new schools being built will have adequate medical inspection rooms in which such work can be carried out not only for that school but for those others in the immediate neighbourhood, if need be. The renting of halls is not only uneconomic but never gives the same atmosphere and facilities for treatment.

There is one aspect of school health work which will require development in conjunction with the Education Authority, that is some centres for the training of pupils intellectually well-developed but physically handicapped from birth, by disease or by accident. Some of these drift into the ordinary school and through absence at the time of medical inspection may be missed unless specially reported upon. They may be able to do their work sufficiently to pass through school without comment and without any regard to their future employment but later have been found to be unable to hold down a job or find a suitable one. They are a problem for the Vocational Guidance Officer who is faced with almost unsolvable problems. It may be necessary to divert some of these pupils to suitable centres just prior to or on leaving school so that they can get special training.

Early in the year two posts for Medical Officers were filled part-time by doctors on the staff of the Hospitals Authority. This was in fulfilment of a proposal made some time ago. It has enabled our Service to be closely linked with the work of the Royal Belfast Hospital for Sick Children in which rheumatic and chest clinics have been established. Through these officers we have a closer liaison with the work of the various departments there and are the better able to refer cases for investigation.

It is to be regretted that we are still without an adequate dental staff, not even that which we had prior to the coming into force of the Health Services Act. It is, therefore, not to be wondered at that the service we can give now has been reduced. Those who are and will continue to suffer most are the children we would have treated had the position been otherwise. Eventually, if present conditions persist—and there is little reason to think otherwise—the general dental service will have to bear a much heavier burden and one more expensive. The reduction in dental education and treatment is bound to have a deteriorating effect upon the dental health of the children. Economically the present position is unsound and wasteful as has been demonstrated in the report, already submitted to the Health Committee, in which it was shown that the work done in School Health Clinics costs approximately 35% of the cost of similar treatment given through the General Dental Service Scheme, as based on 1948 figures and remuneration.

The treatment of speech defects has been a matter of much concern over a period of years, but with shortage of qualified staff delay in starting this work was inevitable. Our hopes ran high in 1948 when a beginning was made and the field to be covered was surveyed. The evidence then forthcoming proved that this service was very badly needed indeed. It also demonstrated that one officer alone could not hope to tackle the problem. Although the scheme got under way in 1949 it has had to be brought to an abrupt close in the Autumn, because of the resignation of our speech therapist and of our inability to date to find a replacement.

During the year we co-operated, to a minor degree, in a special investigation carried out by the Department of Social and Preventive Medicine of Queen's University. This was undertaken prior to any institution of B.C.G. vaccination for those children, whose parents desired it, or for whom it was considered advisable having regard to tuberculosis infection in the family. We shall expect to reap the benefit of the results of this research in due course.

Some months ago it was suggested that it was opportune to carry out an investigation into the heights and weights of Belfast scholars. There are no anthropometrical tables for the Northern Ireland child and the provision of such would be of immense value to all medical officers dealing with children, whether healthy or ailing.

Consultations have taken place with all those interested, such as Ministries of Education and of Health and Local Government, the Local Education Authority, teachers and the Hospitals Authority. While the last will provide the facilities and the premises in which the work will be done, it is probable that our staff will provide most of the medical and nursing staff needed. The initial steps in the scheme have been taken and it is hoped the work will be completed within the coming year. Thereafter the results will be made available to all requiring to use such data.

One cannot close this section of the report without giving credit for their share to each individual officer. It has only been by the co-operative effort of the entire staff that the volume of work indicated in this report has been accomplished.

T. F. S. FULTON, M.B., D.P.H.,
Senior Medical Officer, School Health Division

MEDICAL INSPECTION

Medical Inspection has followed the lines carried out in 1949 when all those falling within the age groups were examined, with the exception of those absent for various reasons, who could not be seen prior to the termination of any group inspection. A small number of "specials" were put forward for examination apart from those falling within age groups. The number of these is far too small and indicates that in some schools there is too great an adherence of the "minimum requirements" of co-operation and too little appreciation of the fact that there are "special" children who would benefit by being reported for examination by the doctor.

The re-examination of those previously found defective is an essential follow up of the work previously undertaken. With an interval of nearly a year intervening between inspection and re-inspection in many schools there is naturally a proportion of children who have left altogether and cannot be seen. Despite this the number of pupils re-examined during the year has risen by 28.3%.

For the first time we have included the results of the medical inspection of pupils in those private secondary schools which have elected to run their own schemes. Where possible the findings have been contrasted in the tables which follow with the figures for other types of school.

Parental response to the invitation to attend inspections has been good. There were present 10,729 parents, which corresponds to 42% of those examined in the age groups. It is not possible to notify parents of those being re-inspected as, with the numbers to be done per session, it is difficult to foresee the particular session in which any particular child will be seen. Absentees from inspection totalled 1,797 and as there are usually 12% absent from school this figure is not out of proportion.

The number examined in the various groups and the types of school involved are shown in the subjoined table.

TABLE I

ROUTINES								Specials	Re-examination	Totals
	Age	4-6	8-9	11-12	Other Ages	14+	16+			
Primary and Inter.	Boys	4,088	3,443	3,019	457	2	—	628	9,065	20,702
	Girls	4,222	3,160	2,892	407	1	—	423	8,938	20,043
Prep. and Grammar	Boys	102	57	423	257	506	341	—	566	2,252
	Girls	99	97	313	179	309	147	—	492	1,636
Private Secondary	Boys	6	1	17	—	94	159	—	—	277
	Girls	48	44	171	115	223	112	—	—	713
		8,565	6,802	6,835	1,415	1,135	759	1,051	19,061	45,623

VACCINATION

In the two previous reports it was stated that approximately only 74% of the pupils examined were vaccinated satisfactorily.

In the present report emphasis have been made upon the percentage of those unsatisfactorily vaccinated and this state in the three types of school has been contrasted. It will be seen that in the youngest age group in the private secondary schools the percentages are very much higher although this may not give a true picture because of the numbers involved.

The overall picture is still that far too high a proportion of the pupils are unprotected.

VACCINATION TABLE II

		4-6			8-9			11-12			Other Ages			14+			16+		
		Exd.	Unsatis- factory	%	Exd.	Unsatis- factory	%	Exd.	Unsatis- factory	%	Exd.	Unsatis- factory	%	Exd.	Unsatis- factory	%	Exd.	Unsatis- factory	%
Primary and Inter.	Boys	4,088	911	22.2	3,443	672	19.5	3,019	620	20.5	457	108	23.6	2	—	—	—	—	—
	Girls	4,222	987	23.3	3,160	564	19.0	2,892	607	21.2	407	88	21.6	1	—	—	—	—	—
Prep. and Grammar	Boys	102	24	23.5	57	7	12.2	423	65	15.3	257	57	22.1	506	122	24.1	341	89	26.1
	Girls	99	25	25.2	97	16	16.4	313	55	17.5	179	35	19.0	309	67	21.6	147	32	21.7
Private Secondary	Boys	6	2	33.3	1	—	—	17	—	—	—	—	—	94	17	17.5	159	23	14.4
	Girls	48	22	45.8	44	16	36.3	171	44	25.7	115	45	39.1	223	58	12.5	112	35	31.2
All Schools	Boys	4,196	937	22.3	3,501	679	19.3	3,459	685	19.8	714	165	23.1	602	139	23.0	500	112	22.4
	Girls	4,369	1,034	23.6	3,301	596	18.0	3,376	706	20.9	701	268	38.2	533	125	23.4	259	67	25.8
	Totals	8,565	1,971	23.0	6,802	1,275	18.7	6,835	1,391	20.3	1,415	433	30.6	1,135	264	23.2	759	179	23.5

AVERAGE HEIGHTS AND WEIGHTS

On comparing the present figures with those for two previous years we find that there are no significant variations. In some of the age groups the numbers are too small to be considered.

TABLE III.
AVERAGE HEIGHTS AND WEIGHTS

BOYS						
Ages	Public	Grammar	Public	Grammar	Public	Grammar
	No. Exd.	No. Exd.	Av. Ht. ins.	Av. Ht. ins.	Av. Wt. lbs.	Av. Wt. lbs.
4	133	10	41.03	41.8	40.00	39.7
5	2,296	70	43.16	44.2	42.61	44.6
6	1,659	22	44.54	44.7	45.08	44.8
7	394	6	47.11	51.0	50.15	63.0
8	2,995	53	49.54	51.1	55.34	58.4
9	448	4	50.68	51.2	58.48	62.8
10	34	4	53.69	56.1	67.73	72.3
11	2,360	268	55.15	56.2	72.25	78.8
12	659	155	55.93	57.6	73.07	83.3
13	29	84	56.96	60.1	82.45	92.2
14	2	506	61.25	62.9	96.00	103.5
15	—	163	—	65.5	—	119.6
16	—	127	—	67.5	—	134.4
17	—	148	—	68.1	—	137.7
18	—	61	—	68.5	—	143.2
19	—	5	—	68.3	—	150.2

GIRLS						
Ages	Public	Grammar	Public	Grammar	Public	Grammar
	No. Exd.	No. Exd.	Av. Ht. ins.	Av. Ht. ins.	Av. Wt. lbs.	Av. Wt. lbs.
3	—	4	—	39.5	—	32.8
4	177	4	40.17	41.1	37.80	42.3
5	2,366	66	42.68	44.0	41.01	43.7
6	1,679	25	44.05	44.7	43.19	46.1
7	330	14	46.70	49.7	48.62	55.1
8	2,844	88	48.98	51.1	53.56	58.6
9	316	9	50.30	50.9	57.34	59.8
10	37	13	53.13	56.1	63.32	81.4
11	2,162	201	55.23	56.3	68.65	78.3
12	730	112	56.45	59.0	69.87	86.8
13	40	94	58.36	61.7	72.11	100.7
14	1	309	69.00	62.6	96.00	108.0
15	—	58	—	63.4	—	112.6
16	—	80	—	64.3	—	119.1
17	—	57	—	64.7	—	122.0
18	—	10	—	65.0	—	129.1

CLOTHING AND FOOTGEAR

The improvement recorded in previous reports in the state of the clothing and footwear of pupils submitted for routine inspection has been maintained. This is partly due to better supplies and to an improved family economy and it will be interesting to see if this standard is maintained as money gets tighter and family budgets more expensive.

TABLE IV.

	Percentage Satisfactory			Percentage Unsatisfactory			Percentage Wearing		
	1946	1949	1950	1946	1949	1950	1946	1949	1950
Clothing	99.61	99.68	99.70	0.39	0.32	0.30			
Footwear—Shoes ..	92.38	96.98	98.10	7.62	3.02	1.90	75.36	78.32	75.20
„ Boots ..	88.63	95.59	95.00	11.37	4.41	5.00	24.64	21.68	24.80

DEFECTS DISCOVERED AT MEDICAL INSPECTION

The following table gives the findings resulting from the medical inspection of three groups of schools comprising 21,691 “public,” 2,830 grammar and 990 “private secondary” scholars.

The first group of these comprise provided School, voluntary primary School and intermediate School children, in the second are grammar school pupils from provided and voluntary schools, some of the latter with preparatory departments. In the third group are included only those found in voluntary schools which are mainly secondary in character, having some preparatory pupils but which have elected to run their own scheme of medical inspection, subject to the sanction of the Health Authority.

TABLE V.

CLASSIFICATION	NATURE OF DEFECT		No. exd.	Defective for Treatment	Per 1,000	Defective for Observation	Per 1,000
1. Skin Disease		*P. *P.G. *P.S.	21,691 (2830) 990	373 (76) 21	17.19 (26.86) 21.21	144 (54) 1	6.64 (18.73) 1.01
2. Defects of the eye	External Eye Disease, etc.	P. P.G. P.S.	do.	138 (17) 3	6.37 (6.01) 3.03	136 (25) 1	6.27 (8.83) 1.01
	† Defective Vision	P. P.G. P.S.	12,932 (2565) 923	1,464 (226) 38	113.21 (88.11) 41.7	489 (210) —	37.81 (81.87) —
	Squint	P. P.G. P.S.	21,691 (2830) 900	640 (34) 2	29.51 (12.01) 2.02	607 (42) —	27.98 (14.84) —
3. Defects of the ear	Discharging Ear	P. P.G. P.S.	do.	254 (18) 1	11.71 (6.36) 1.01	178 (20) 3	8.21 (7.07) 3.03
	Other Diseases	P. P.G. P.S.	do.	181 (23) 1	8.34 (8.13) 1.01	48 (18) 2	2.21 (6.36) 2.02
	Defective hearing (Other than above)	P. P.G. P.S.	do.	165 (10) 1	7.61 (3.53) 1.01	44 (20) 1	2.03 (7.07) 1.01
4. Defects of the Mouth, Nose and Throat	Ch. Tonsilitis	P. P.G. P.S.	do.	2,175 (87) 36	100.27 (30.74) 36.36	3,409 (132) 22	157.16 (46.64) 22.22
	Adenoids	P. P.G. P.S.	do.	72 (3) 1	3.32 (1.06) 1.01	40 5 1	1.84 (1.77) 1.01
	Ch. T. and Adenoids	P. P.G. P.S.	do.	4 — —	.18 — —	5 — —	.23 — —
	Neck Glands, enlarged	P. P.G. P.S.	do.	770 (30) 12	35.50 (10.60) 12.12	681 (41) 9	31.40 (14.49) 9.09
	Other Nose and Throat conditions	P. P.G. P.S.	do.	248 (34) 11	11.43 (12.01) 11.11	174 (23) 7	8.02 (8.13) 7.07
5. Defective Speech		P. P.G. P.S.	do.	120 (19) 1	5.52 (6.71) 1.01	162 (17) —	7.47 (6.01) —
6. Defects of the Heart and Lungs	Heart conditions	P. P.G. P.S.	do.	243 (18) 2	11.20 (6.36) 2.02	374 (28) 22	17.24 (9.89) 22.22
	Phthisis	P. P.G. P.S.	do.	2 — —	.10 — —	7 — —	.32 — —
	Bronchitis, etc	P. P.G. P.S.	do.	685 (20) —	31.58 (7.07) —	1,184 (67) 5	54.58 (23.67) 5.05
7. Constitutional Diseases	Anaemia	P. P.G. P.S.	do.	127 (9) 2	5.85 (3.18) 2.02	213 (18) 11	9.82 (6.36) 11.11
	Tuberculosis of Bone and Glands, etc.	P. P.G. P.S.	do.	10 (2) —	.46 (.71) —	18 (1) —	.83 (.35) —
	Rickets and Rickety Deformity	P. P.G. P.S.	21,691 (2830) 990	45 (6) —	2.07 (2.12) —	9 — —	.41 — —
8. Defects of the Nervous System		P. P.G. P.S.	do.	47 (5) —	2.17 (1.77) —	53 (5) 2	2.44 (1.77) 2.02
9. Deformities other than due to Rickets		P. P.G. P.S.	do.	786 (214) 1	36.24 (72.79) 1.01	275 (103) 2	12.68 (36.75) 2.2
10. Other Diseases and Defects		P. P.G. P.S.	do.	912 (99) 2	42.04 (34.99) 2.02	720 (104) 4	33.19 (36.75) 4.04

* P. = "Public"

* P.G. = "Prep. and Grammar"

* P.S. = "Private Secondary"

† All Children except those in the first age group were examined in a routine way for defective vision.

NUTRITION

In submitting this contrasting table regarding the nutritional state of the scholars examined, it must be emphasised that this depends on the opinions of various medical officers some of whom have had considerable experience in the assessment of nutritional states and others new to medical inspection, carrying out the work in "private secondary" schools. There being no definite standards laid down on which a judgment can be based one must accept the findings with considerable reserve.

NUTRITION TABLE VI.

Contrasting findings in different types of school.

AGE GROUP	SCHOOL		NORMAL (A)		SUB-NORMAL (B)		BAD (C)	
			Boys	Girls	Boys	Girls	Boys	Girls
Entrants	"Public"	Nos. %	2,252 51.89	2,421 54.79	1,751 40.35	1,602 36.25	337 7.76	396 8.96
	Prep. and Grammar	Nos. %	91 70.6	90 66.2	35 27.1	43 31.6	3 2.3	3 2.2
	"Private Secondary"	Nos. %	3 60.0	44 70.97	2 40.0	17 27.42	— —	1 1.61
Second	"Public"	Nos. %	2,481 68.84	2,168 65.44	1,006 27.91	998 30.12	117 3.25	147 4.44
	Prep. and Grammar	Nos. %	67 72.8	188 75.2	25 27.2	59 23.6	— —	3 1.2
	"Private Secondary"	Nos. %	2 100.0	44 80.0	— —	8 14.55	— —	3 5.45
Third	"Public"	Nos. %	1,714 55.92	1,642 55.66	1,201 39.19	1,160 39.32	150 4.89	148 5.02
	Prep. and Grammar	Nos. %	370 61.0	203 62.7	179 35.6	106 32.7	17 3.4	15 4.6
	"Private Secondary"	Nos. %	5 29.41	152 83.06	8 47.06	23 12.57	4 23.53	8 4.37
Fourth	"Public"	Nos. %	— —	— —	— —	— —	— —	— —
	Prep. and Grammar	Nos. %	448 65.4	217 88.2	225 32.8	26 10.6	12 1.8	3 1.2
	"Private Secondary"	Nos. %	38 40.42	265 84.94	46 48.94	46 14.74	10 10.64	1 .32
Fifth	"Public"	Nos. %	— —	— —	— —	— —	— —	— —
	Prep. and Grammar	Nos. %	223 78.5	164 90.6	58 20.4	17 9.4	3 1.1	— —
	"Private Secondary"	Nos. %	57 35.85	70 69.31	92 57.86	18 17.82	10 6.29	13 12.87
TOTALS	"Public"	Nos. %	6,447 58.56	6,231 58.33	3,958 35.95	3,760 35.20	604 5.49	691 6.47
	Prep. and Grammar	Nos. %	1,136 67.1	862 75.8	522 30.8	251 22.1	35 2.1	24 2.1
	"Private Secondary"	Nos. %	105 37.91	575 80.64	148 53.43	112 15.71	24 8.66	26 3.65

VISUAL DEFECTS

Herewith are set forth tables indicating first of all (1) the sex and age distribution of the visual defects found, (2) the incidence of defective vision in relation to the type of school at which the children were in attendance when examined.

This year we have incorporated figures in table (1) for pupils seen in the "private secondary" schools. As we are not in a position to assess the lighting and other conditions in these schools we could not incorporate findings for these in table (2) which therefore is related to "public" and "preparatory and grammar" schools only.

School groupings are (1) those unsatisfactory for school purposes, (2) those considered satisfactory or capable of being altered to come within this category and (3) those, mostly of modern type, permitting proper environment during school hours. Of necessity some modern schools have had to be credited with some defects of vision which had developed in junior schools, to which pupils went previously.

PROVISION OF MILK AND MEALS

The arrangements for the provision of milk and meals to pupils in attendance at school remain as before. There are now eighty-three centres in operation.

In the past, it was difficult in certain areas to get co-operation for the establishment of feeding centres at which necessitous children could get free meals, and other pupils the same meals on payment. Latterly, the demand in these areas has increased, but, through the lack of sufficient kitchen accommodation, most of these pupils will have to wait till extra buildings and equipment are made available.

TABLE VII. (1)

Visual Acuity	Types of School	Second Age Group			Third Age Group			Fourth Age Group			Fifth Age Group			Totals			
		B.	%	G.	%	B.	%	G.	%	B.	%	G.	%	B.	%	G.	%
6/6-6/9 R. or L. Eye	"Public"	3,087	85.65	2,842	85.78	2,609	85.12	2,441	82.75	—	—	—	—	5,696	85.41	5,283	84.35
	"Prep. and Grammar"	77	83.7	217	86.80	442	87.8	272	84.0	533	81.0	203	82.5	211	76.2	152	80.9
	"Private Secondary"	2	100	51	92.73	17	100	168	91.86	94	100	300	96.15	159	100	94	93.07
6/12-6/24 R. or L. Eye	"Public"	396	10.99	396	11.95	329	10.74	385	13.05	—	—	—	—	725	10.87	781	12.47
	"Prep. and Grammar"	9	9.8	24	9.6	33	6.6	40	12.3	84	12.3	27	11.0	31	11.2	18	9.6
	"Private Secondary"	—	—	1	1.82	—	—	2	1.09	—	—	3	.96	—	—	5	4.95
6/36 or worse R. or L. Eye	"Public"	121	3.36	75	2.27	127	4.14	124	4.20	—	—	—	—	248	3.72	199	3.18
	"Prep. and Grammar"	6	6.5	9	3.6	28	5.6	12	3.7	46	6.7	16	6.5	35	12.6	18	9.5
	"Private Secondary"	—	—	3	5.45	—	—	13	7.11	—	—	9	2.89	—	—	2	1.98
TOTALS OF	"Public"	3,604		3,313		3,065		2,950		—	—	—	—	6,669		6,263	
	"Prep. and Grammar"	92		250		503		324		685		246		277		188	
	"Private Secondary"	2		55		17		183		94		312		159		101	

TABLE VII. (2)

Rating School	6/6-6/9			6/12-6/24			6/36 and over			Totals		
	"Public"	"Grammar"		"Public"	"Grammar"		"Public"	"Grammar"		"Public"	"Grammar"	
1	7,172	86.58	740	81.95	835	10.08	277	3.34	64	7.09	8,284	903
2	2,239	81.69	916	84.11	402	14.67	100	3.64	71	6.52	2,741	1,089
3	1,568	82.22	471	82.20	269	14.11	70	3.67	40	6.98	1,907	573
	10,979	84.90	2,127	82.92	1,506	11.64	447	3.46	175	6.82	12,932	2,565

RE-EXAMINATION GROUP

The results following the re-examination of 19,061 pupils of whom 1,058 were from "preparatory and grammar" schools are set forth below. The object of the re-examination is to find out whether treatment has been provided and the result of such. When further action is required, the case remains "alive" to be followed up in due course. Re-inspection will become increasingly important in the case of children requiring spectacles who have them supplied otherwise than through a clinic.

Of those referred for treatment nearly half did not have it provided and of these approximately 59% showed some improvement when re-inspected. Of those treated 73% had benefited by the treatment given.

TABLE VIII.

Total No. Due: 22949 (1584)
 Total No. Examined: 18003 (1058)
 P=Public School Figures and Percentages.

No. Boys Seen: 9065 (566)
 No. Girls Seen: 8938 (492)
 G=Grammar School Figures.

DEFECTS OF		TREATED						UNTREATED				Observation only	
		Cured			Imp.			Same			TOTAL		
		No.	%	No.	%	No.	%	No.	%	No.	%		
Malnutrition	..	71	12.84	377	68.17	105	18.99	398	69.34	176	30.66	576	227
		—	—	2	40	3	60	1	33.33	2	66.67	3	5
Skin	..	15	34.09	26	59.09	3	6.82	7	53.85	6	46.15	13	42
		10	26.32	8	21.05	20	52.63	9	90	1	10	10	10
Eyes—Vision	..	21	.68	2,101	68.06	965	31.26	794	55.60	634	44.40	1,428	1,200
		—	—	257	80.06	64	19.94	63	55.26	51	44.74	114	93
” Squint*	..	10	.85	581	49.40	585	49.75	100	40.32	148	59.68	248	224
		1	3.85	9	34.62	16	61.53	4	66.67	2	33.3	6	4
” O.C.	..	23	21.50	62	57.94	22	20.56	17	58.62	12	41.38	29	58
		2	50	2	50	—	—	—	—	—	—	—	4
Ear	..	91	44.61	85	41.67	28	13.72	88	41.12	126	58.88	214	145
		2	—	5	—	—	—	16	69.57	7	30.43	23	6
Nose and Throat	..	806	83.35	110	11.38	51	5.27	1,718	49.81	1,731	50.19	3,449	2,448
		19	—	4	—	1	—	57	77.03	17	22.97	74	86
Speech..	..	4	3.92	75	73.53	23	22.55	74	48.37	79	51.63	153	165
		—	—	5	100	—	—	2	66.67	1	33.33	3	1
Heart	..	6	4.62	76	58.46	48	36.92	146	69.19	65	30.81	211	333
		—	—	3	75	1	25	11	91.67	1	8.33	12	26
Lungs	..	175	27.43	351	55.02	112	17.55	499	70.68	207	29.32	706	564
		6	46.15	6	46.15	1	7.70	22	81.48	5	18.51	27	23
T.B.	..	1	3.12	21	65.63	10	31.25	1	50	1	50	2	44
		—	—	—	—	—	—	—	—	—	—	—	1
Nervous	..	3	9.09	25	75.76	5	15.15	15	68.18	7	35.82	22	37
		—	—	—	—	—	—	2	—	1	—	3	1
Orthopaedic	..	30	11.36	173	65.53	61	23.11	84	47.19	94	52.81	178	215
		5	9.09	39	70.91	11	20.	28	52.83	25	47.17	53	66
M. Retarded	..	—	—	15	55.56	12	44.44	19	22.89	64	77.11	83	123
		—	—	—	—	—	—	—	—	—	—	—	—
Other Conditions	..	164	27.33	328	54.67	108	18.0	287	48.24	308	51.76	595	530
		9	34.62	13	50	4	15.38	32	69.57	14	30.43	46	50
TOTALS	..	1,420	17.83	4,406	55.32	2,138	26.85	4,247	53.72	3,659	46.28	7,906	6,355
		54	10.23	353	66.86	121	22.91	247	66.04	127	33.96	374	376

* Not included in "Vision."

NURSERY SCHOOLS AND CENTRES AND SPECIAL SCHOOLS

Nursery Centres

On 1st April, 1950, most of the nursery centres previously in existence closed down ; thereafter there were left only four nursery centres which we continued to supervise and these were all run as voluntary organisations by the company interested in the employment of the mothers whose children were accommodated in these centres. They received the same attention as formerly ; a medical officer's visit weekly and a visit from a nurse each working day.

Nursery Schools

Some of the nursery centres closed down were regarded as nursery schools so that during the year there were five such, with accommodation for 205 toddlers. These, like the centres, received a corresponding medical and nursing attention.

The medical inspections carried out were on the same lines in both centres and schools and as they pertained to the same age groups the results have been summarised and given in Table IX.

TABLE IX.
Nursery Schools and Centres.

DEFECTS	Referred for Treatment		Listed for Observation		DEFECTS	Referred for Treatment		Listed for Observation	
	No.	%	No.	%		No.	%	No.	%
Chronic Tonsilitis ..	106	24.6	109	25.3	Eye Conditions	6	1.3	6	1.3
Chronic Tonsilitis and/or Adenoids ..	7	1.6	4	0.93	Squint	26	6.0	10	2.3
Cervical Glands	38	8.8	51	11.8	Heart	6	1.3	13	3.0
Other Nose and Throat Conditions	22	5.1	22	5.1	Lungs	45	10.4	34	8.9
Deformities	55	12.7	61	14.1	Skins	22	5.1	6	1.3
Ear Conditions	7	1.6	6	1.3	Speech	12	2.7	16	3.7
					Other Defects, etc. ..	59	13.7	47	10.9

Graymount Open Air School

During the year 82 boys and 96 girls spent some time in this school. The new admissions were 28 boys and 36 girls, the average on rolls being 137 while the attendance was 112. Certain of the pupils have disabilities which make it difficult to discharge them to the ordinary schools after a reasonable time at Graymount. This means that the vacancies every year are considerably reduced and the benefit such a school could give is limited by that amount. There is a constant waiting list and this without nominations from private practitioners. If they were consulted our waiting list would probably grow to an unreasonable length.

Examination of the details of those discharged to the ordinary school during the year can be summarised thus :—

Boys, 23.	Girls, 22.	=	Total, 45.		
				Boys	Girls
Average stay (approx.) months ..	31			31	30½
Average gain in Heights, ins. ..	4			4	3¾
Average gain in weight, lb. . .	13⅓			13⅓	15⅞

Results for Total of 45

Average stay in months, 30 months, 24 days.
Average gain in height, ins., 3.87.
Average gain in weight, lb., 14.6.

Taking the averages for the last three year period:—

Boys changed over 74 ; Girls changed over 70 = 144.

Average duration of stay:—

Boys, 26 months, 26 days ; Girls, 27 months, 26 days ;
Average 27 months, 11 days.

Average gain in height and weight:—

		Boys	Girls	Averages
Gain in height, ins.	..	3.9	4.16	4.0
Gain in weight, lb.	..	13½	17 ² / ₁₆	15.5

Oakleigh Special School

This is the only school in the City to which educationally subnormal children are sent. It meets but a small proportion of the requirements of the City. Until more places are available it is inevitable that a very considerable number of such pupils are forced to remain in the ordinary school, possibly till such time as they are beyond benefiting at their then age from the special training given in such a school. During the year there were 178 on roll and the average attendance was 45. Although they receive periodic visits from doctor and nurse, their medical inspection runs on the same lines as for those in the ordinary schools and the details are incorporated therewith.

Camp School

The Education Authority has continued to run a camp school at Dundrum, Co. Down. The pupils selected come from those schools in which are to be found children who are fit to go to such a centre and who would benefit both mentally and physically. All are medically inspected prior to departure and an interval is allowed for the clearing up of any doubtful conditions prior to leaving the City. While in camp any medical emergencies which arise are dealt with by a local practitioner. In general the health of the pupils was very good and few had to return home. In all 837 boys benefited by their stay in the camp school for periods of two weeks.

SCHOOL HEALTH ACTIVITIES OTHER THAN THOSE CARRIED OUT IN SCHOOLS OR CENTRES

Clinics

The clinic position remains practically the same. One clinic is in process of extension which has meant the occupation of temporary premises and the transfer of certain work such as dental treatment to another centre. When this extension is completed the East side of the City will have an almost up-to-date clinic even though it is eccentric to the area it serves. Steps have been taken to provide a suitable centre for the South side of the City and this may be in operation within a year and meet a long needed want. Two other sites have been selected for clinics in the West and North West areas. Once these are taken over and developed clinic accommodation in the City will be satisfactory. Meantime, because of the cramped quarters in which we are working it is necessary, to an undue degree, to dovetail staff to enable them to be accommodated in our present premises. This of course means that attention to certain cases is held up unduly and irritation is caused to both staff and parents.

THE WORK OF THE SCHOOL HEALTH VISITOR

There has been no diminution in the variety of the duties falling to the health visitor who continues to be the pivot of the service carried out in school and home. Following on the medical inspection of pupils in schools, nursery centres and nursery schools they made 7,476 visits to homes during the year. In addition to the visitation of special schools, they assisted at medical inspection, carried out treatment in the clinics and were responsible for cleanliness surveys. During these they inspected last year 234,753 children, of these 5.21% had nits and 1.42% were verminous. These percentages correspond closely to those for the previous year.

During the year twelve families had to be referred to the Environmental Health Division to have the home conditions dealt with because it was felt that the constant re-infections were due to the conditions in the homes which, if not dealt with, would mean merely a recrudescence of the previous complaint.

MEDICAL TREATMENT AND SPECIAL ACTIVITIES

This work can be divided into several groups, viz., (1) Examination Clinics, (2) Eye, Ear, Nose and Throat Clinics; (3) Orthopaedic Treatment; (4) Rheumatic and Cardiac Cases; (5) Dental Treatment; (6) Tonsil and Adenoid Operation; (7) Ultra Violet Light Therapy; (8) Minor Ailments; (9) Speech Therapy;

(10) Child Guidance ; (11) Physiotherapy ; (12) Audiometric Survey ; (13) Ringworm Survey ; (14) Head Cleansing. Excluding dental patients for whom separate records are kept, the number of individuals passing through the clinics during the year was 12,845, practically 20% more than in the previous year. This is a very considerable proportion of the school population and is indicative of how much the clinics meet the requirements of the public. Of those seen 1,186 were referred to private practitioners.

EXAMINATION CLINICS

The clinic acts as the clearing centre for the differing types of case for which special provision has to be made, generally after one or several interviews with parent and child. In addition it is a centre to which Magistrates, Parents, Teachers and Welfare Officers refer cases for advice and direction, chiefly with regard to pupils who present behaviour and educational problems allied to medical conditions. The table gives an indication of the diversity of the medical problems handled. In all there were 27,594 attendances made during the year. Of those seen 127 were referred to the Tuberculosis Institute for examination and, as necessary, treatment.

From time to time, there are cases reported which cannot be brought to the clinic for examination, either because the child is too ill or difficult to handle. These are visited at home, and constitute the only domiciliary visits paid by Medical Officers. In all, there were 49 such last year. Most of these would be disposed of by notification under Section 30 of the 1947, Education Act.

TABLE X.
Clinic Examinations.

CONDITION	Percentages	CONDITION	Percentages
For Anaesthetics	36.07	Heart and Circulation	2.39
„ Colds	1.90	Infectious Disease Control ..	3.40
„ Debility	3.13	Lung Conditions	6.48
„ Ears	2.49	Mentally dull etc.	1.87
„ Eyes—vision only	5.02	Nose and Throat	10.22
„ —other conditions ..	1.53	Skins	13.09
„ Gastro-intestinal	1.66	Other classified small groups ..	7.76
		Miscellaneous—unclassified ..	2.53

EYE, EAR, NOSE AND THROAT CLINICS

The public desire to obtain spectacles continued to cause pressure on the clinics during the first months of the year. This together with the slowness of supply rendered our work more difficult because in some cases pupils were due for a re-examination before the glasses previously ordered had been received. In others where spectacles had been damaged, the slow completion of prescriptions made it essential to have repairs to existing glasses carried out even though a new prescription had been issued for changed lenses and/or frames. With the freedom of choice given to parents to get spectacles from any source, the possibility of wrong prescription has increased very considerably as few, if any, pupils are examined under a mydriatic outside a clinic or hospital extern. Accordingly, the estimate of the degree of the refraction can not be accurate and the spectacles given out may do more harm than good. During the year the attendances totalled 4,784. Of these 236 were for external eye conditions and the remainder for refraction. Amongst the latter there were 756 second or post-mydriatic tests.

Ear, Nose and Throat Clinics were held on two sessions per week but towards the year end had to be reduced to one only per week. We used one session purely for nose and throat work and in the other dealt with ear conditions which were referred either following medical inspection or as a result of the audiometric survey

referred to later. Cases selected for operation were dealt with through Musgrave Park Hospital. Of the ear, nose and throat cases 2,179 were seen, and of these, 115 required no treatment.

ORTHOPAEDIC TREATMENT

There being no orthopaedic section in our clinics most cases are referred to the City Hospital with whom we have had a working arrangement for some years. Others have been sent to other hospitals which have orthopaedic externs. Reference will be found to minor defects in the section dealing with Physiotherapy.

RHEUMATIC AND CARDIAC CASES

Because of the liaison which exists between our clinic officers and those in charge of the cardiac clinic at the Royal Belfast Hospital for Sick Children, all special cases are referred there. Periodic reports of all such cases are received even though they may arise in private practice so that we are made aware of the conditions found and can co-operate on the educational side in the restoration of these scholars to full life while they are undergoing treatment.

DENTAL TREATMENT

Complete details of the numbers inspected and treated, of the schools from which they come and the type of treatment given will be found in the report of the Senior Dental Officer which is appended to this Report. The service that can be given is a very small proportion of that which should be available. This is entirely due to the lack of suitable staff of which we have suffered further reduction during the year. Private dental practitioners cannot cope adequately with the requirements of the school population, which demand officers accustomed to handling children in premises specially adapted and equipped for their treatment. Apart from these considerations, it has been shown that the cost of dental treatment given in our clinics in 1948 was a little more than two fifths of what it would have been had it been provided by the General Dental Practitioner Service under the Health Services Act (N.I.), 1948. Until public dental posts are attractive enough and until there is an effective flow of suitable personnel, it is unlikely that our service can recover and be built up to the effective strength which is required and without which the dental treatment of the adult population cannot be helped by an efficient, educative and preventive school service.

TONSIL AND ADENOID TREATMENT

We have continued to arrange for the admission of patients into Musgrave Park Hospital in which we have ten beds allotted to our use. These are filled by those selected by our own specialist at our clinics and subsequently operated upon by him. During the year 618 pupils were dealt with, a slight reduction of the figure for the previous year, partly due to the cessation of such operative work for three months during the prevalence of the anterior poliomyelitis epidemic.

ULTRA VIOLET LIGHT TREATMENT

Selected cases have been referred by medical officers for treatment and the attendances made have been well maintained, reaching 7,965 during the year. Previously the greater proportion of those treated suffered from ringworm but recently these have been replaced by general conditions such as chests, debility and similar cases.

MINOR AILMENT TREATMENT

In spite of the greater availability of treatments and dressings under the Health Service, the attendances at our clinics have increased to 5,530, an additional 29.4% over that for the previous year. This has been all to the good as it means that there has been a considerable reduction in the amount of unskilled home treatment which otherwise would have led to a disproportionate wastage of schooling by those kept at home or, if sent to school, possibly being a source of danger and infection to others.

SPEECH THERAPY

Ten centres continued to function for the treatment of speech defects until, with the departure on resignation of our speech therapist, they had to close down in the month of October. This meant that 158 pupils had to be deprived forthwith of the treatment they were receiving. These and 98 previously discharged had made, 3,823 attendances. In addition there were 60 previously fully examined and awaiting vacancies for treatment as well as a further 205 awaiting interview.

It will be seen that the provision of speech therapy is a matter of some urgency when one considers these figures and bears in mind that they are only a proportion of the problem to be dealt with as hitherto we have confined our work to the age groups 8 to 11 as being those, with our hitherto limited staff, best able to benefit. All others outside this group and a selected few within it have had to be referred, when urgency demanded, to the Royal Belfast Hospital for Sick Children where speech therapy to a limited number is also available.

CHILD GUIDANCE

The clinic for the treatment of special cases is located in the Royal Belfast Hospital for Sick Children. It deals with varying types of case which, for general purposes, can be divided into two groups namely, behaviour problems and speech cases, though many of the latter have also some psychological upset. During the year we referred 235 cases for treatment, 128 of the first group and 107 of the second. Some of the latter could have been treated in our speech centres but, either because they require individual attention or for other reasons, were better handled through the Child Guidance Clinic.

PHYSIOTHERAPY

The ten centres in operation at the end of the previous year continued to function ; eight on two sessions and two for only one session each weekly. As most of these are in church or similar halls the conditions prevailing as to heating and cleaning are difficult and not as satisfactory as if these centres were in buildings maintained by the Health or Education Authority. These factors work adversely against their attractiveness and hence efficiency in the eyes of both parents and children. In spite of these handicaps the attendances were nearly double those made the previous year. In all 1,362 pupils were treated. Of these 140 were for respiratory conditions, 396 for postural defects, 780 for flat feet while the remainder was made up of a miscellaneous group.

AUDIOMETRIC SURVEY

We have completed the initial audiometric surveys in sixteen of the larger schools in the City to discover pupils whose hearing is deficient and to refer them for treatment. In that a very high percentage of these can be much improved by early treatment, the advantage both to teacher and child will be recognised. Following preliminary group tests, those who failed were given a subsequent test and on failing this were referred to the Specialist for his opinion and advice. Initially 6,555 scholars were examined. Of these 895 or 20.9% were re-tested. Those who failed the second test were 337 or 7.6% of the total number examined.

RINGWORM SURVEY

For some years past the incidence of ringworm in certain districts of the City had been excessive. All efforts to correlate cases and trace the source of the infection were unsuccessful. Those affected were in the main found west of the River Lagan and mostly in the north west area. The occurrence of so many put a strain on the Skin Department of the Royal Belfast Hospital for Sick Children, whither most of the cases gravitated for treatment. As the result of suggestions made we undertook a survey of those schools from which cases were reported initially and gradually extended the work to cover sections of the City. By using a special ultra-violet light lamp it was possible to examine quickly large groups of children who had been in contact with declared cases. On account of the trying and difficult nature of the work two nurses had to be employed working as a team.

Out of a possible 30,460 pupils on roll in the schools visited 27,579 were examined and amongst these we found 204 cases. These were referred to the hospital for advice and treatment.

In the course of our survey a special investigation was made in a residential institution in which quite a number were found and are included in the figures previously quoted. This place as a source of future infection was eliminated as those responsible have installed their own lamp to check over present and future residents. As the result of our experience we should be able to control ringworm infection better so long as we are made aware of the occurrence of any new patients, whose contacts we would be able at once to check over to discover incipient cases.

HEAD CLEANSING

In spite of new and very effective preparations being on the market at a very reasonable price which, if properly and regularly used, can control louse infection of the head, we still find a very considerable number of children in school in an unsatisfactory state. It is felt that this is almost entirely due to re-infection from the home. How to deal with a whole family at once presents a problem which is extremely difficult to solve. For those who are unable to carry out head cleansing efficiently at home we continue to provide facilities in the clinics to which 5,599 attendances were made by the pupils, referred by nurses following cleanliness surveys.

COMMUNICABLE DISEASES

The incidence of communicable disease in schools generally speaking has been negligible during the past year. There have been localised outbreaks of the different infections but none of them extended to an epidemic extent throughout the City. At the beginning of the year there had been a "carry over" of the scarlatina outbreak of the previous one but within a month that had ceased entirely to be replaced by localised outbreaks of influenza and severe colds. Through the efficacy of the immunisation campaign, diphtheria continues to be a rare disease compared with what it was in previous years.

HANDICAPPED PUPILS

Last year the tables setting forth the number and types of handicapped pupils were revised to give a better classification. These tables are repeated herewith and give an indication of some of the special educational problems which have to be met to provide satisfactory training for these children. It must be noted that for a select few of those mentioned in these tables, 24 boys and 12 girls, home tuition has been recommended on the grounds that they are unfit to go to a special school. Some of these are for temporary periods only till acute conditions subside or pass away and they can be dealt with in the usual way for those so afflicted.

Because certain pupils in these categories are admitted to and maintained in residential schools which are outside our normal scheme of medical inspection, we have arranged to examine them every three years whether they fall within the normal age groups or not. We have not included the findings in the general table of such because these children are all grossly defective in one particular or other and would vitiate the figures of routine inspection. There were 68 such pupils medically inspected and the routine carried out was similar to that for the ordinary pupil. Such as required treatment for defects other than those which caused them to be classified as handicapped were dealt with in the usual way.

TABLE XI.
“Delicate” Pupils

AT	Hospital school		Open Air school		P.C.S.		No school		Totals	
GROUPS	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Rheumatism and Chorea... ..	3	2	5	6	98	150	2	3	108	161
Heart Cases—mild	—	—	—	—	73	100	—	—	73	100
To Glands P.T.C.	20	9	9	2	166	158	9	6	204	175
Debility, Anæmia, Chests, etc. . .	2	3	35	54	236	206	1	2	274	265
TOTALS	25	14	49	62	573	614	12	11	659	701

TABLE XII.
Physically Handicapped Pupils

AT	Hospital school		Sana-torium		Open Air School		School		No School		Home Tuition		Totals	
GROUPS	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Severe Heart Disease . .	1	1	—	—	4	7	89	107	1	5	4	6	99	126
Tuberculosis : Pulmonary Bone and Gland . .	26	13	6	9	5	2	44	35	8	15	5	1	94	75
Orthopaedic	13	2	—	—	4	3	117	101	13	12	13	1	160	119
Other Conditions	2	1	—	—	7	9	49	57	1	1	2	0	61	68
TOTALS	42	17	6	9	20	21	299	300	23	33	24	8	414	388
	59		15		41		599		56		32		802	

TABLE XIII.
Handicapped Children

			Boys	Girls	Total
Blind (including partially sighted)	I. Suitable for training in school or class for totally blind	Attending certified Schools or classes for Blind	7	6	13
		At P.C.S.	—	—	—
		No school or institution	—	—	—
	II. Training in school for partially sighted	Attending certified schools or classes for partially sighted	11	13	24
		At P.C.S.	2	1	3
		At no school or institution	1	1	2
Deaf (including deaf and/or partially deaf)	I. Suitable for training in school for the totally deaf or deaf and dumb	Attending certified schools or classes for deaf	16	18	34
		At P.C.S.	—	—	—
		At unrecognised school	—	1	1
		At no school or institution	3	2	5
	II. Suitable for training in school or class for partially deaf and/or dumb	At certified schools or classes for the deaf	10	11	21
		At P.C.S.	1	—	1
		At unrecognised school	2	1	3
Educationally Sub-normal	I. Educable Group	Attending school for educationally sub-normal children	124	87	211
		Awaiting admission	65	50	115
		Potential cases—waiting for selection	106	74	180
	II. Requiring special care—reported during 1950	Referred	35	35	70
		Awaiting referral	—	2	2
Epileptics	I. Suffering from severe epilepsy	Attending certified special schools for epileptics	1	—	1
		In institutions other than certified schools	—	—	—
		At P.C.S.	9	9	18
		No school or institution	4	—	4
	II. Suffering from Epilepsy that is not severe	P.C.S.	27	25	52
		No school	—	—	—

REPORT OF THE SENIOR DENTAL OFFICER FOR THE YEAR 1950

Report covering the work of the Dental Section during the year 1950. A summarised statistical report in the form required by the Ministry of Health and Local Government is appended.

DENTAL INSPECTION IN SCHOOLS

It was obvious that, as there was no immediate possibility of improvement in conditions as they had affected the previous year's activities of the Section, it would again be necessary to cut down Dental Inspections in Schools to a percentage of the total due for yearly examination. In addition, as the Authority had become responsible, for inclusion in the scheme, of the majority of Grammar Schools in the City, and as a complete survey of this group was necessary to ascertain the possible yearly treatment implications, it was obligatory to further reduce the inspection quotas of the other groups. As a result, only 26.5 per cent of schools could be visited. The principle of including all age groups in the schools inspected was however maintained, since this constitutes the more economical per capita method of inspection, and would furnish a more accurate statistical cross-section of conditions. During the year a total of 15,281 children were examined, the proportions, in their respective groups, being as follows:—Primary, 14.6 per cent; Intermediate, 18.1 per cent; Technical, Preparatory and Grammar, 68.8 per cent; and Special Schools, 53.8 per cent. The total examined however represents only 21.5 per cent of the total on Rolls, and compares unfavourably with our attainment in 1948, in which year we accomplished an inspection in all City schools participating in the scheme. Those of the Grammar Schools' group electing to have dental inspection by private arrangement are listed in statistical supplement.

DENTAL CONDITION OF CHILDREN INSPECTED

The total number of children found to have dental defects was 10,476 or 68.6 per cent of those examined. This percentage, while being an accurate assessment in regard to the actual children examined, is not, by reason of the unequal and partial distribution of inspections, a true comparative indication of the City dental defect percentage as a whole. Until a full survey within any one particular year is again possible, it would be unwise to infer that the defect percentage has substantially dropped. Survey of the Grammar Schools' group however amply illustrated that accumulated treatments, as evidenced by the extent of conservation, had produced a higher degree of dental fitness in this group. It was particularly gratifying to find that in many instances the state of fitness was attributable to previous regular attendance at our clinics. The year's inspections however indicated that the total treatments necessary reached a point far beyond our established clinic capacity.

POST-INSPECTION NOTIFICATION AND PARENTS' RESPONSE

It is of no value to dentally inspect a child, and on finding that child defective, do nothing further about it. Notification of defect, and provision of treatment follow as a logical sequence. On the other hand, little value accrues from a treatment service which, without organised inspection and notification, functions merely as regards the provision of palliative and emergency measures. The necessity for regular dental inspection of all children is further obvious, inasmuch as there is a tendency, even by some of the best intentioned parents and children, to depend on these periodical inspections as a regular reminder of the necessity for re-attendance at a clinic. In realisation of these facts, the year's inspections have indicated that there is a point in the ratio of inspections—to—treatments beyond which one should not drop, even if the staff capacity for subsequent treatment is insufficient. The procedure we have been reluctantly compelled to practise in the past of only notifying a percentage of those requiring treatment, was to a large extent automatically avoided during the year by reason of the lower defect percentage of the groups examined, together with the fact that there was a higher percentage of pupils in the Grammar Schools' group who would normally attend a private dentist. The tabulated figures of notification and response are consequently peculiar to the year's inspections, and cannot be reckoned as of

comparative value in regard to previous years. A point of interest however is that, at 82.3 per cent, there was a marked increase in the percentage of defectives agreeing to treatment.

ATTENDANCES AT CITY CLINICS

Except for a natural accentuation in clinic attendances, in respect of those schools examined, there was a diminished if representative attendance as regards the other schools. Although this resulted in a drop of 14.3 per cent in the total number of patients during the year, it nevertheless provided a full working attendance for all clinics, the lower proportion of new patients being balanced by an increase in those returning for treatment. This latter category continues to grow year by year, and has now reached a yearly figure equivalent to 89.7 per cent of attendances. The resultant 10 per cent leaves little room for the yearly advent of new patients. As it would be totally against the aim and ideals of the service to discourage the regularly attending patients, it is obvious that any improvement regarding the position of the newcomer to the clinic, must be by an extension in the treatment capacity of the Service.

DENTAL TREATMENT IN CLINICS

In common with other aspects of the dental service, there is due to be recorded a considerable fall in the number of treatments. The effect of staff reduction is now fully obvious, not only as it has influenced the total treatments possible, but also as it has affected the types of treatment provided. Radical treatments are thereby in unfavourable comparative relationship to those of a conservative nature. The drop in total treatments to 48,619 as compared to 63,131 in 1949, and to 65,035 in 1948, is disconcerting to a service which from year to year was making a steady progression. Particularly disappointing is the fall in filling treatments to 16,130 as compared to 23,750 in 1948, and to 24,298 in 1947. As it was, the utmost possible staff time was spent on treatment, school inspections during the year having been reduced to an undesirable low minimum of 150 sessions, in comparison to the total of 3,060 sessions devoted to treatment. Patients averaged 7,159 per officer, equivalent in individuals treated to 1,032 per surgeon. There was the equivalent of an operating staff of 6.8 officers over the year.

GENERAL REMARKS

In the foregoing text, reference has been made to the conditions adversely affecting the report year. It is also clear that without the helpful co-operation of teachers and all those connected with the Service, plus a measurable total of operating staff who, in spite of other inducements, have remained within the Dental Service, the reduced activities of the Section would have been even more apparent. On the other hand, it would be idle to deny that staff enthusiasm has considerably waned as a result of the protracted nature of negotiations in England, in respect of the conditions and remuneration of the Public Dental Officer, and we may consider ourselves fortunate, in comparison with other areas, to have retained so high a total of surgical staff. It may be that the service has avoided further depletion by reason of a Whitley Council having been constituted in England towards the end of the year, and that the eventual adoption of a satisfactory settlement there, would also contemporaneously apply to Northern Ireland.

In October, it was necessary to close down our Cherryville Street Clinic, in order to proceed with the approved extension to that building. This necessitated an alternative arrangement for the treatment of the East Area children at our Academy Street premises, with resultant reduction of the total treatment effort in regard to both of the areas. It was however possible to alleviate the situation somewhat, by temporary occupation of the dental section of the Maternity and Child Welfare clinic at Mountcollyer Street, pending eventual return of staff to Cherryville Street. The extended dental department at Cherryville Street will provide acceptable accommodation for an operating staff of five dental surgeons. There still exists however pressing need for proportionate increases in dental clinic accommodation in all the other areas of the City. Proceedings are on foot in part towards this end. The urgency of their need should not be overlooked.

Statistical Tables covering all aspects of the dental section are appended.

A. S. IRVING, L.D.S., R.C.S.(Edin.),
Senior Dental Officer.

STATISTICAL TABLES

SCHOOL DENTAL INSPECTION

SCHOOL DENTAL INSPECTION	Area 1	Area 2	Area 3	Totals
SCHOOLS VISITED				
Primary	9	8	14	31
Intermediate	—	1	—	1
Technical, Preparatory and Grammar ..	9	4	2	15
Nursery and Nursery Centre	—	—	—	—
Special	—	1	1	2
TOTAL Visits	72	47	33	152
„ Inspection Sessions	68	47	35	150
„ Inspected per Session (Average) ..	101	103	102	102
TOTAL SCHOOLS VISITED	18	14	17	49
„ „ „ (per cent.) ..	(25.3)	(21.9)	(34.0)	(26.5)
RESPONSE TO NOTIFICATION				
Refusing Inspection	2	—	2	4
Absent from Inspection	910	610	514	2,034
„ „ „ (per cent.)	(11.7)	(11.2)	(13.5)	(11.9)
TOTAL CHILDREN NOTIFIED	7,762	5,465	4,092	17,319
„ „ „ (per cent. of Rolls)	(29.9)	(21.8)	(20.4)	(24.3)
CHILDREN INSPECTED				
Primary	3,083	2,519	2,870	8,472
„ (per cent. of Group)	(15.4)	(12.2)	(16.5)	(14.6)
Intermediate	—	687	—	687
„ (per cent. of Group)	—	(30.3)	—	(18.1)
Technical, Preparatory and Grammar ..	3,767	1,563	553	5,883
„ „ (per cent. of Group)	(73.4)	(89.3)	(33.3)	(68.8)
Nursery School and Centre	—	—	—	—
„ „ „ (per cent. of Group)	—	—	—	—
Special School	—	86	153	239
„ „ (per cent. of Group)	—	(38.4)	(69.5)	(53.8)
TOTAL Boys Inspected	4,290	2,752	1,703	8,745
„ Girls Inspected	2,560	2,103	1,873	6,536
TOTAL CHILDREN INSPECTED	6,850	4,855	3,576	15,281
„ „ „ (per cent. of Rolls)	(26.4)	(19.3)	(17.8)	(21.5)
CHILDREN DEFECTIVE				
Primary	2,315	1,870	2,042	6,227
„ (per cent. Inspected)	(75.1)	(74.2)	(71.1)	(73.5)
Intermediate	—	400	—	400
„ (per cent. Inspected)	—	(58.2)	—	(58.2)
Technical, Preparatory and Grammar ..	2,330	1,058	336	3,724
„ „ (per cent. Inspected)	(61.9)	(67.7)	(60.8)	(63.3)
Nursery School and Centre	—	—	—	—
„ „ „ (per cent. Inspected)	—	—	—	—
Special School	—	28	97	125
„ „ (per cent. Inspected)	—	(32.6)	(63.4)	(52.3)
TOTAL Boys Defective	2,944	1,886	1,174	6,004
„ „ „ (per cent. Inspected)	(68.6)	(68.5)	(68.9)	(68.7)
TOTAL Girls Defective	1,701	1,470	1,301	4,472
„ „ „ (per cent. Inspected)	(66.4)	(69.9)	(69.5)	(68.4)
TOTAL CHILDREN DEFECTIVE	4,645	3,356	2,475	10,476
„ „ „ (per cent. Inspected)	(67.8)	(69.1)	(69.2)	(68.6)

CLASSIFICATION OF DENTAL DEFECTS

CLASSIFICATION		Area 1	Area 2	Area 3	Totals
INDIVIDUALS					
Children with	Saveable Teeth	3,987	2,918	2,147	9,052
	Unsaveable Teeth	1,466	1,056	645	3,167
	Saveable and Unsaveable Teeth	3,363	2,475	843	6,681
	Irregularity of Dentition ..	384	196	118	698
	Other Dental and Oral Defects	485	243	171	899
TEETH					
Temporary Dentition	Sound	32,653	21,659	28,192	82,504
	Saveable ..	4,508	3,289	3,918	11,715
	Unsaveable ..	1,906	1,198	1,232	4,336
Permanent Dentition	Sound	117,813	83,238	41,760	242,811
	Saveable ..	4,472	3,349	1,935	9,756
	Unsaveable ..	654	576	215	1,445
TOTAL Teeth Saveable ..		8,980	6,638	5,853	21,471
,, ,, Unsaveable ..		2,560	1,774	1,447	5,781
TOTAL Teeth Examined ..		162,006	113,309	77,252	352,567

CLASSIFICATION OF DEFECTIVES

AGE GROUPS	BOYS			GIRLS		
	Inspected	Defective	Per cent. Defective	Inspected	Defective	Per cent. Defective
3	3	3	100.0	7	5	71.43
4	27	17	62.96	54	51	94.44
5	338	220	65.09	282	210	74.47
6	634	467	73.66	562	395	70.28
7	734	555	75.61	658	506	76.90
8	776	602	77.58	671	534	79.58
9	770	581	75.45	593	463	78.08
10	720	536	74.44	606	432	71.29
11	785	522	66.50	558	361	64.69
12	850	519	61.06	612	379	61.93
13	1,030	662	64.27	699	390	55.79
14	708	444	62.71	479	310	64.72
15	545	336	61.65	262	166	63.36
16	387	254	65.63	234	126	53.85
17	268	167	62.31	158	89	56.33
18	141	100	70.92	95	51	53.68
19	29	19	65.52	6	4	66.67
TOTALS	8,745	6,004	68.66	6,536	4,472	68.42

Post-Inspection Notification and Parents' Response

ITEMS	Area 1	Area 2	Area 3	Totals
NOTIFIED AS DEFECTIVE:				
Total Notified	2,596	1,353	1,273	5,222
„ „ (per cent.)	(55.9)	(40.3)	(51.4)	(49.8)
PARENTS' RESPONSE:				
Refusing Treatment	232	103	155	490
„ „ (per cent.)	(8.9)	(7.6)	(12.2)	(9.4)
No Response	237	94	100	431
„ „ (per cent.)	(9.1)	(7.0)	(7.9)	(8.3)
Consenting to Treatment (Total)	2,127	1,156	1,018	4,301
„ „ „ (per cent. notified)	(82.0)	(85.4)	(79.9)	(82.3)
„ „ „ By Own Dentist	770	402	239	1,411
„ „ „ „ (per cent.)	(36.2)	(34.8)	(23.5)	(32.8)
„ „ „ at City Clinics ..	1,357	754	779	2,890
„ „ „ „ „ (per cent.)	(63.8)	(65.2)	(76.5)	(67.2)
TREATMENT ARRANGED:				
Appointments—				
Issued	1,357	754	779	2,890
„ Per cent. Applications	(100.0)	(100.0)	(100.0)	(100.0)
„ Per cent. Defectives Notified ..	(52.2)	(55.7)	(61.2)	(55.3)
„ Per cent. Defectives on Rolls ..	(7.7)	(4.3)	(5.6)	(5.9)

ATTENDANCES AT CITY CLINICS

CLINIC ATTENDANCES	Area 1	Area 2	Area 3	Totals
INDIVIDUALS				
Attending for Inspection	3,595	3,167	2,974	9,736
„ Treatment	2,512	2,559	1,944	7,015
„ „ (Per cent. Defectives)	(14.3)	(14.8)	(14.0)	(14.4)
TOTAL INDIVIDUALS	4,204	5,232	4,054	13,490
„ „ (per cent. of Rolls)	(16.2)	(21.0)	(20.2)	(19.0)
PATIENTS				
New Patients	1,960	1,792	1,271	5,023
„ „ (per cent.)	(11.4)	(10.8)	(8.5)	(10.3)
Previous Patients	15,226	14,833	13,598	43,657
„ „ (per cent.)	(88.6)	(89.2)	(91.5)	(89.7)
TOTAL PATIENTS	17,186	16,625	14,869	48,680

Dental Clinic Attendances : Schools' Analysis

School	Total on Rolls	Children Attending Clinic	Total Clinic Attendances	Total Treatments
PRIMARY SCHOOLS: Area 1				
All Saints' Junior	182	67	296	263
Argyle Senior	531	47	161	144
Ashmore Street Junior	270	35	80	90
Blythe Street Junior	270	27	96	110
Botanic Senior	454	90	327	254
Broadway Junior	300	74	260	235
Brown Street	463	44	134	156
Donegall Road Junior	490	144	593	519
Earl Street Boys'	140	26	81	101
Earl Street Girls'	120	15	34	32
Earl Street Infants'	150	22	84	83
Fane Street	770	113	419	373
Linfield Junior	340	61	226	253
Mabel Street Junior	352	63	250	238
Magdalene Junior	185	60	206	211
Malone	460	111	392	319
Mariners'	272	49	145	140
Mayo Street Junior	410	96	318	314
McQuiston	320	95	395	381
Northumberland Street Junior	330	51	163	197
Ormeau Road Junior	215	58	283	288
Percy Street Junior	230	72	253	252
Porters' Senior	310	59	169	173
Queen Victoria	445	105	375	389
St. Anthony's Boys'	230	26	64	89
St. Anthony's Girls'	220	29	70	82
St. Brendan's	270	33	104	124
St. Bride's	195	21	74	70
St. Catherine's	454	82	300	292
St. Colmcille's	73	13	42	44
St. Comgall's Boys'	510	157	419	650
St. Comgall's Girls'	514	150	363	540
St. Finian's	497	63	216	245
St. Gall's	475	66	245	237
St. John's Boys'	328	39	109	147
St. John's Girls'	342	21	83	77
St. Joseph's Boys'	340	48	140	177
St. Joseph's Girls'	303	37	140	174
St. Kevin's Boys'	710	60	215	208
St. Kevin's Girls'	670	70	267	268
St. Mary's Christian Brothers'	438	60	200	200
St. Mary's Boys'	106	18	68	71
St. Mary's Girls'	148	16	42	44
St. Mary's	360	64	242	230
St. Patrick's	170	14	24	30
St. Paul's Boys'	490	77	290	302
St. Paul's Girls'	160	16	40	50
St. Peter's Boys'	280	34	91	103
St. Peter's Girls'	327	51	163	169
St. Saviour's Senior	320	56	200	211
St. Saviour's Junior	270	12	31	28
St. Simon's	455	121	500	526
St. Vincent's	785	155	542	546
Sandy Row Junior	120	22	52	68
Springfield	460	112	463	440
Stranmillis	230	73	312	263
Ulsterville Junior	540	168	711	645
Workman Junior	215	45	154	158
No School	—	6	24	27
TOTALS	20,014	3,619	12,740	13,050

Dental Clinic Attendances: Schools' Analysis (continued)

School	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
PRIMARY SCHOOLS: Area 2				
Alexandra.. ..	430	63	232	259
Antrim Road	246	79	310	320
Blenheim Junior	212	28	102	102
Carr's Glen	1,080	313	1,349	1,333
Convent	760	143	561	518
Crumlin Road Junior	330	52	194	202
Currie Junior	320	43	192	195
Duncairn Junior	233	53	174	175
Everton	990	289	1,086	1,166
Finiston	670	203	687	684
Forth River	560	169	681	669
Getty Junior	308	41	125	139
Fortwilliam	196	48	240	247
Grove Junior	700	189	722	729
Hemsworth Square Senior	665	94	242	220
Hillman Senior	480	117	466	459
Holy Cross Boys'	860	181	499	482
Holy Cross Girls'	780	152	465	435
Holy Family Boys'	322	86	318	293
Holy Family Girls'	236	73	288	273
Jaffe Memorial	315	100	401	386
John White Junior	550	167	505	600
Lancaster Street	255	48	131	161
Lynn Junior	350	85	322	321
Model Boys'	430	155	587	515
Model Girls'	460	186	756	722
Old Lodge Road.. ..	163	44	138	211
Perth Street Junior	290	111	426	582
Riddell Memorial Junior	300	64	156	246
St. Colmban's Boys'	460	138	376	436
St. Colmban's Girls'	401	80	255	262
St. Enoch's	385	94	319	305
St. Malachy's Boys'	130	14	55	71
St. Malachy's Girls'	228	46	162	163
St. Mark's.. ..	273	67	258	294
St. Mary's Junior	546	114	475	491
St. Mary's Star of Sea Boys'	308	22	90	102
St. Mary's Star of Sea Girls'	279	31	92	90
St. Patrick's Christian Brothers'	475	69	214	220
St. Patrick's Boys'	420	44	125	148
St. Patrick's Girls'	224	46	118	101
St. Paul's	240	24	92	104
St. Vincent de Paul's Boys'	136	12	45	53
St. Vincent de Paul's Girls'	123	7	30	29
Seaview	633	187	750	696
Skegoniel	515	136	602	555
Star of Sea Boys'	235	33	131	131
Star of Sea Girls'.. ..	247	43	131	139
Whitehouse Junior	245	70	252	231
Wolfhill	212	11	34	40
Woodvale Junior	441	93	339	340
No School	—	23	79	81
TOTALS	20,647	4,780	17,379	17,726

Dental Clinic Attendances : Schools' Analysis *(continued)*

School	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
PRIMARY SCHOOLS: Area 3				
Avoniel Junior	672	134	480	440
Beechfield Junior	669	101	366	377
Belmont Junior	382	114	494	404
Belvoir Hall Junior	350	54	167	160
Bloomfield	266	25	90	101
Christian Brothers'	226	40	125	114
Elmgrove	990	177	714	562
Euston Street Junior	305	117	422	397
Euston Street Senior	780	97	371	298
Harding Memorial	855	293	1,116	830
Lagan Village	97	8	18	21
Lomond Avenue	136	35	150	138
Megain Memorial Junior	473	66	213	225
Memel Street Junior	126	33	103	125
Mersey Street	985	181	547	584
Mountpottinger	475	139	538	508
Nazareth House	123	—	—	—
Nazareth Lodge	150	5	9	12
Nettlefield	782	283	990	927
Orangefield	590	166	694	538
Ormeau Park	450	142	570	538
Ravenhill Road Junior	305	91	292	320
Rosario Boys'	153	40	134	138
Rosario Girls'	185	62	189	214
Rosetta	645	221	806	756
Roslyn Street Junior	104	50	173	219
St. Anthony's Boys'	152	46	176	185
St. Anthony's Girls'	186	54	189	163
St. Colman's	313	76	207	317
St. Congall's Boys'	85	17	42	63
St. Congall's Girls'	121	29	66	86
St. Joseph's Boys'	125	25	100	110
St. Joseph's Girls'	105	15	58	74
St. Jude's	306	102	414	396
St. Malachy's Convent	470	106	368	433
St. Matthew's Boys'	466	41	122	159
St. Matthew's Girls'	478	57	211	229
Strand	676	154	562	544
Strandtown	1,337	284	1,149	954
Sydenham.. .. .	380	—	—	—
Templemore Avenue	900	66	237	245
No School	—	12	43	36
TOTALS	17,374	3,758	13,715	12,940

Dental Clinic Attendances : Schools' Analysis *(continued)*

School	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
INTERMEDIATE SCHOOLS				
AREA 1				
Linfield	750	70	219	167
AREA 2				
Edenderry	590	84	261	240
Glenwood	660	94	233	255
Graymount Girls'	320	37	199	171
Mountcollyer	700	83	312	324
TOTAL.. .. .	2,270	298	1,005	990
AREA 3				
Park Parade	767	101	412	356
TOTAL (All Areas)	3,787	469	1,636	1,513

Dental Clinic Attendances : Schools' Analysis *(continued)*

School	Total on Rolls	Children Attending Clinic	Total Clinic Attendances	Total Treatments
TECHNICAL, PREPARATORY and GRAMMAR				
AREA 1				
Ashleigh House	361	7	21	24
" " (Ardeen)	59	—	—	—
Christian Brothers' Grammar	553	69	184	221
Grosvenor High	657	78	275	237
Methodist College	1,414	138	536	651
Princess Gardens	276	30	113	134
Richmond Lodge	262	5	28	32
Royal Academical Institution	868	63	160	213
" " " (Inchmarlo)	241	2	17	9
Technical Intermediate	442	48	173	146
TOTAL	5,133	440	1,507	1,667
AREA 2				
Belfast High	418	48	121	133
" " (Somerton House)	209	15	49	67
Christian Brothers' Technical	229	20	52	60
Royal Academy	688	31	157	145
" " (Ben Madigan)	44	1	5	7
" " (Wingfield)	92	—	—	—
" " (Sinclair Memorial Hall)	71	—	—	—
TOTAL	1,751	115	384	412
AREA 3				
Annadale Boys'	482	17	106	77
Ashfield Girls'	307	15	57	42
Bloomfield Collegiate	357	48	296	298
Cabin Hill	256	3	11	10
Methodist College (Downey House)	261	25	105	143
TOTAL	1,663	108	575	570
TOTAL (All Areas)	8,547	663	2,466	2,649

Dental Clinic Attendances : Schools' Analysis *(continued)*

School	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
NURSERY SCHOOLS AND CENTRES				
AREA 1				
Arellian	30	2	11	9
Forth River	52	—	—	—
Northumberland	*—	1	2	2
AREA 2				
Edenderry	70	4	13	14
Jennymount	37	3	8	14
Wolfhill	51	—	—	—
Tudor Lodge	55	4	8	16
AREA 3				
McArthur	51	—	—	—
Owen O'Cork	27	—	—	—
TOTAL (All Areas)	373	14	42	55

* Nursery Centre Closed

Dental Clinic Attendances : Schools' Analysis *(continued)*

School	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
SPECIAL SCHOOLS				
AREA 1				
Blind Deaf and Dumb	—	—	—	—
AREA 2				
Balmoral Industrial	89	8	25	37
Blind Deaf and Dumb	—	1	2	—
Graymount	135	18	65	56
AREA 3				
Blind Deaf and Dumb	—	—	—	—
Oakleigh	190	50	142	195
Victoria Homes	30	29	85	37
TOTAL (All Areas)	444	106	319	325

Dental Clinic Attendances: Schools' Analysis *(continued)*

School	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
SCHOOLS OUTSIDE BOUNDARY				
Area 1	—	72	320	308
Area 2	—	1	14	24
Area 3	—	8	49	29
TOTAL (All Areas)	—	81	383	361

Dental Clinic Attendances : School Group Totals

School Group	Total on Rolls	Children attending Clinic	Total Clinic Attendances	Total Treatments
Primary	58,035	12,157	43,834	43,716
Intermediate	3,787	469	1,636	1,513
Technical, Preparatory and Grammar ..	8,547	663	2,466	2,649
Nursery and Nursery Centre	373	14	42	55
Special	444	106	319	325
Schools Outside Boundary	—	81	383	361
TOTAL (All Areas and Schools) ..	71,186	13,490	48,680	48,619

Dental Treatment in Clinics

TREATMENTS	Area 1	Area 2	Area 3	Totals
EXTRACTIONS				
Temporary Dentition	5,776	5,103	4,491	15,370
Permanent Dentition	827	948	714	2,489
Total	6,603	6,051	5,205	17,859
„ (per cent. of Treatments) ..	(37.0)	(36.2)	(37.1)	(36.7)
ANAESTHETICS				
Local	21	215	24	260
General	3,581	3,274	2,728	9,583
Total	3,602	3,489	2,752	9,843
„ (per cent. of Treatments) ..	(20.2)	(20.8)	(19.6)	(20.2)
FILLINGS				
Temporary Dentition	602	513	190	1,305
Permanent Dentition	5,409	4,842	4,574	14,325
Total	6,011	5,355	4,764	16,130
„ (per cent. of Treatments) ..	(33.7)	(32.0)	(34.0)	(33.2)
SPECIAL TREATMENTS				
Orthodontic	—	—	—	—
X-Ray	77	35	26	138
Prosthetic	—	—	—	—
Total	77	35	26	138
„ (per cent. of Treatments) ..	(0.4)	(0.2)	(0.2)	(0.3)
SUBSIDIARY TREATMENTS				
Dressings (Tooth)	110	256	125	491
Scalings	51	14	39	104
Polishings	153	127	138	418
Other Operations	1,251	1,418	967	3,636
Total	1,565	1,815	1,269	4,649
„ (per cent. of Treatments) ..	(8.7)	(10.8)	(9.1)	(9.6)
CLINICAL INSPECTIONS	8,465	8,116	8,018	24,599
TOTAL TREATMENTS	17,858	16,745	14,016	48,619

Analysis of Treatment Sessions

ITEMS	TOTALS
TREATMENT SESSIONS (Half-day)	
Extractions }	504
Anaesthetics }	
Fillings }	2,477
Subsidiary Treatments }	
Clinical Inspections }	
Special Treatments	79
TOTAL TREATMENT SESSIONS	3,060

DENTAL TREATMENT AVERAGES

ITEMS							AVERAGE
TREATMENT AVERAGE (Children)							
Extractions	..	(Per Child Treated)	..	..	..	..	2.55
Anaesthetics	..	( „ „ „ )	..	..	..	..	1.40
Fillings	..	( „ „ „ )	..	..	..	..	2.30
Subsidiary Treatments		( „ „ „ )	..	..	..	..	0.66
Special Treatments		( „ „ „ )	..	..	..	..	0.02
TOTAL TREATMENTS (Per Child Treated)			..	..	..	..	6 93
CLINICAL INSPECTION							
Check Inspections		(Per Child Inspected)	..	..	..	..	2.53
TREATMENT AVERAGE (Staff)							
Extractions	..	(Per Extraction Session)	..	..	..	..	5.34
„	..	(Per Anaesthetic)	..	..	..	..	1.8
Anaesthetics	..	(Per Extraction Session)	..	..	..	..	19.5
Fillings	..	(Per Filling Session)	..	..	..	..	6 5
Subsidiary Treatments		( „ „ „ )	..	..	..	..	1.9
Special Treatments		(Per Special Treatment Session)	..	..	..	..	1.7
Clinical Inspections		(Per Treatment Session)	..	..	..	..	8.0
PATIENTS		(Per Surgeon)	..	..	..	..	7,159
INDIVIDUALS TREATED (per Surgeon)			..	..	..	..	1,032

STAFF COMPLEMENT : CLINIC ACCOMMODATION

ITEMS							TOTALS
STAFF COMPLEMENT							
Senior Dental Officer	..	..	..	..	..	..	1
Assistant Dental Officers	(Full-time)	} Equivalent Total	..	..	..	..	6.8
„ „ „	(Sessional)		..	..	..	..
Anaesthetists	..	(Sessional)	..	..	..	..	3
Dental Clinic Nurses		(Part-time)	..	..	..	..	3
Dental Attendants		(Full-time)	..	Administration	..	..	1
„ „		(Full-time)	..	Reception	..	..	3
„ „		(Full-time)	..	Surgical	..	..	7.7
TOTAL STAFF			..	..	..	..	25.5
CLINICS							
Area 1.	(Dental Surgery accommodation for 4 Officers)			..	..	..	1
Area 2.	(Dental Surgery accommodation for 2 Officers)			..	..	..	1
Area 3.	(Dental Surgery accommodation for 4 Officers)			..	..	..	1
TOTAL DENTAL CLINICS			..	..	..	..	3

Comparative Dental Totals : 1948—1949—1950

ITEMS	1948	1949	1950	1950 compared 1949
SCHOOL DENTAL INSPECTION:				(Per cent.)
Schools visited	160	79	49	(—) 38.0
Visits	400	208	152	(—) 26.9
Inspection Sessions	384	202	150	(—) 25.7
Notified for Inspection	60,545	32,441	17,319	(—) 46.6
Refusing Inspection	7	—	4	(+) —
Absent from Inspection (per cent.) ..	(13.3)	(14.0)	(11.9)	(—) 2.1
Inspected	52,464	27,903	15,281	(—) 45.2
Defective	40,725	23,284	10,476	(—) 55.0
Defective (per cent.)	(77.6)	(83.4)	(68.6)	(—) 14.8
POST-INSPECTION NOTIFICATION:				
Notified as Defective	28,360	17,760	5,222	(—) 70.6
„ „ „ (per cent.) ..	(69.6)	(76.3)	(49.8)	(—) 26.5
RESPONSE TO NOTIFICATION:				
No Response (per cent.)	(7.4)	(6.9)	(8.3)	(+) 1.4
Refusing Treatment (per cent.) ..	(13.9)	(14.1)	(9.4)	(—) 4.7
Consenting to Treatment—				
TOTAL (per cent.)	(78.7)	(79.1)	(82.3)	(+) 3.2
By own Dentist (per cent.)	(21.1)	(11.3)	(32.8)	(+) 21.5
At Clinics (per cent.)	(78.9)	(88.7)	(67.2)	(—) 21.5
TREATMENT ARRANGED:				
Appointments—				
Issued (Total)	17,613	12,452	2,890	(—) 76.8
Per cent. Clinic Applications ..	(100.0)	(100.0)	(100.0)	—
Per cent. Defectives Notified ..	(62.1)	(70.1)	(55.3)	(—) 14.8
Per cent. Defectives Inspected ..	(43.2)	(53.5)	(27.6)	(—) 25.9
ATTENDANCES AT CLINICS:				
New Patients (per cent.)	(15.2)	(14.8)	(10.3)	(—) 4.5
Previous Patients (per cent.)	(84.8)	(85.2)	(89.7)	(+) 4.5
Total Patients	52,177	56,836	48,680	(—) 14.3
Individuals	16,798	17,457	13,490	(—) 22.7
„ (per cent. of Roll Defectives)	(34.8)	(30.2)	(27.6)	(—) 2.6
TREATMENTS:				
Extractions—				
Temporary Dentition	22,107	23,153	15,370	(—) 33.6
Permanent Dentition	2,560	2,866	2,489	(—) 13.2
Total	24,667	26,019	17,859	(—) 31.4
Anaesthetics—				
Local	304	294	260	(—) 11.6
General	11,300	12,983	9,583	(—) 26.2
Total	11,604	13,277	9,843	(—) 25.9
Fillings—				
Temporary Dentition	2,978	2,222	1,305	(—) 41.3
Permanent Dentition	20,772	16,092	14,825	(—) 7.9
Total	23,750	18,314	16,130	(—) 11.9
Special Treatments—				
Orthodontic	—	—	—	—
X-Ray	—	320	138	(—) 56.9
Prosthetic	—	—	—	—
Dressings (Tooth)	505	453	491	(+) 8.4
Scalings	161	127	104	(—) 18.1
Polishings	559	685	418	(—) 3.9
Other Operations	3,583	3,936	3,636	(—) 7.6
Clinical Inspections	23,190	27,249	24,599	(—) 9.7
TOTAL TREATMENTS	65,035	63,131	48,619	(—) 23.0
„ Individuals Treated	9,009	8,507	7,015	(—) 17.5
„ „ (per cent. Roll Defectives)	(18.7)	(14.7)	(14.4)	(—) 0.3

Supplementary Dental Report

Dental Inspection in Non-Participating Schools

SCHOOL OR COLLEGE	Notified	Absent	Refusing	Total Inspected	Total Defective	Per cent Defective
Belfast High School	435	16	—	419	335	(79.95)
„ „ „ (Somerton House) ..	212	6	—	206	159	(77.18)
Dominican College	326	36	—	290	278	(95.86)
St. Dominic's School	588	18	—	570	355	(62.28)
St. Malachy's College	433	30	—	403	283	(70.22)
Victoria College	498	39	—	459	206	(44.88)
„ „ (Drumglass House) ..	50	7	—	43	15	(34.88)
„ „ (Strathearn) ..	296	16	—	280	101	(36.07)
TOTALS	2,838	168	—	2,670	1,732	(64.87)

Summarised Dental Report*

Section (I)

1. Number of Children on School Rolls : (Participating)	71,186
2. Number of Children inspected by Dental Officers :	
In Schools	15,281
Specially Inspected (Check Inspections in Clinics)	9,736
TOTAL Inspected (Individuals) ..	25,017
3. Number found to require Treatment (68.6%) ..	10,476
4. Number actually treated (Individuals) ..	7,015
5. Attendance made by Children for Treatment ..	24,081†
6. Half-days devoted to Inspection (In Schools) ..	150
„ „ „ Treatment (Sessions) ..	3,060
TOTAL	3,210
7. Fillings (Permanent Teeth)	14,825
„ (Temporary Teeth)	1,305
TOTAL	16,130
8. Extractions (Permanent Teeth)	2,489
„ (Temporary Teeth)	15,370
TOTAL	17,859
9. Administration of General Anaesthetics ..	9,583
10. Polishings	418
11. Scalings	104
12. Other Operations	3,636

Section (II)

As Text and Main Report Statistics.

Section (III)

Nil.

* As prescribed by Ministry of Health and Local Government.

† Total Clinic Attendances, **48,680**. Total Treatments, **48,619**.

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